

Alliance Claims System (ACS)

Provider Portal Handbook

Alliance Health

BKT988128E03

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Welcome

Welcome to the Alliance Claims System (ACS), a next generation managed care system designed specifically to meet the needs of managed care organizations and the behavioral healthcare providers they support. This handbook will walk you through the following aspects of the provider portal:

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Basic Functionality

This section will give you an understanding of the basic functionality of the Alliance Claims System (ACS): how to navigate through the database, how to view information and how to input information.

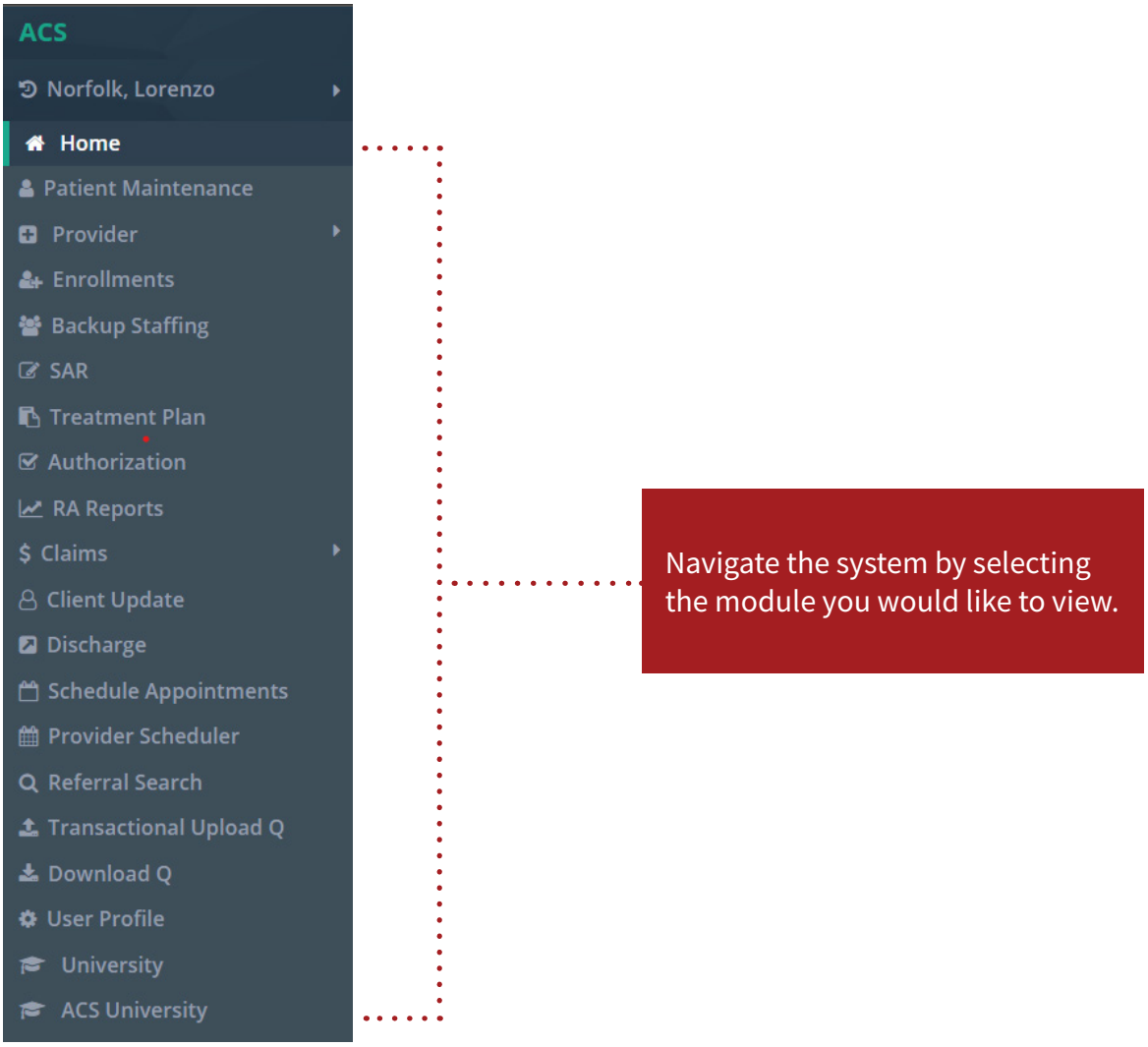
First things first…

You are encouraged to use the most up- to-date version of Google Chrome browser to access ACS and the Provider Portal.

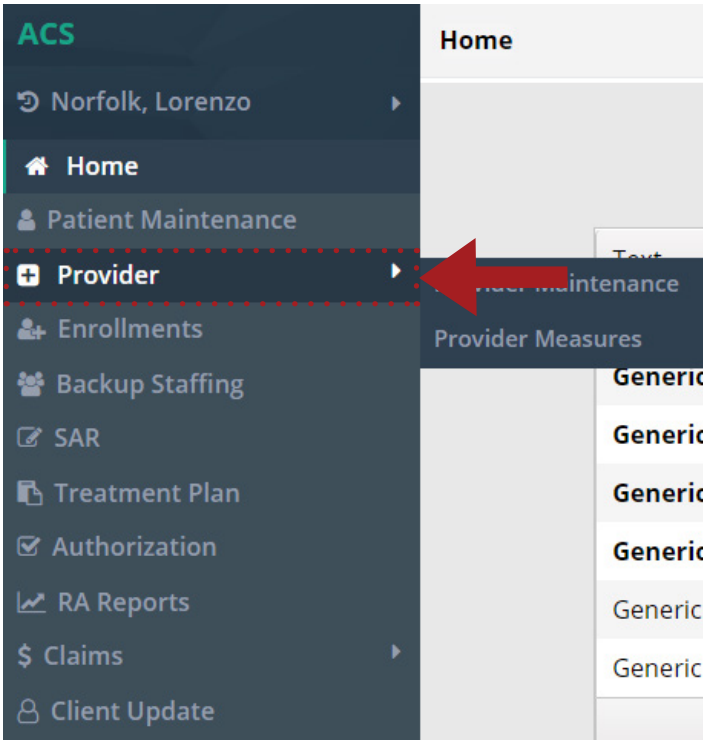
Note: Firefox's ESR version may be used as an alternative.

The best screen resolution is 1360 x 765. This will allow you to see the entire screen and navigate more easily. You can also zoom in and out using the zoom function in your browser or by holding down the **Ctrl** button on your keyboard and moving the wheel on your mouse forward (to zoom in) and backwards (to zoom out).

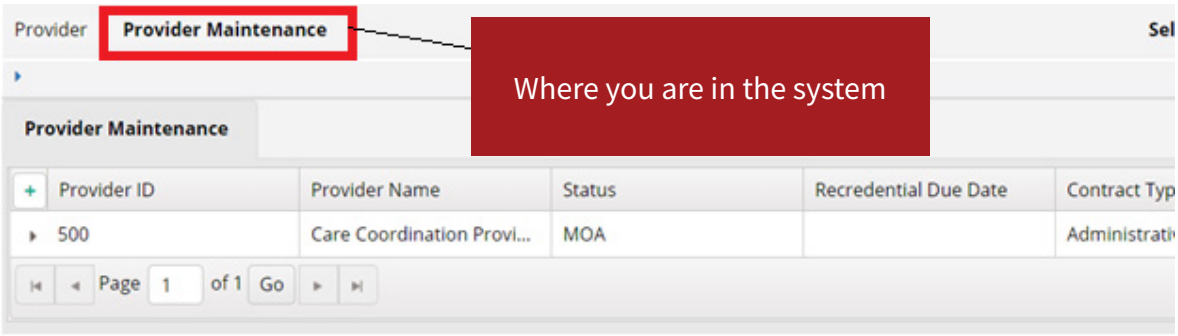
Navigation



Once you've selected a module, the menu will expand to show one or more sub-groups. Click the arrow on the left to expand the sub-group menu. Clicking on one of the menu choices that does not have an arrow on the left will take you to the main screen of that selection.

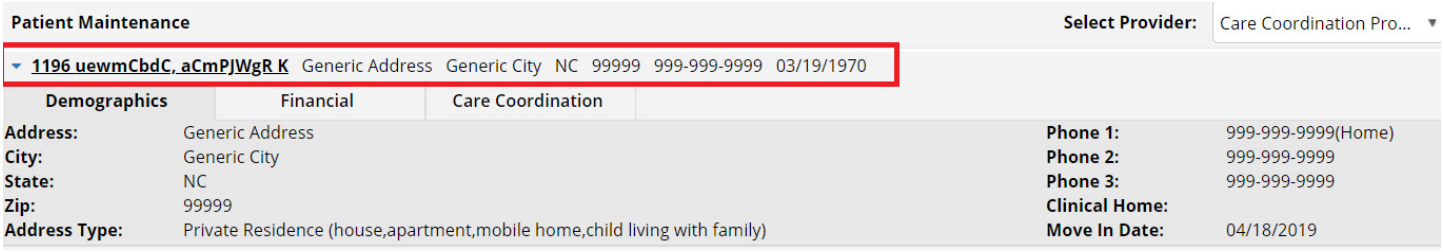


At the very top of each page is a **breadcrumb** explaining where you are in the system. The bolded label tells you where you are in the system.



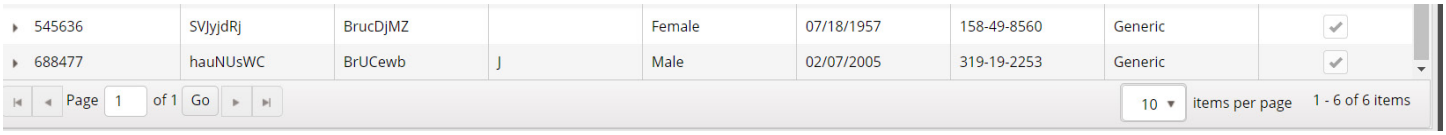
Viewing Information

When a row is highlighted, the corresponding consumer information is shown below the breadcrumb at the top of the page. Click on the arrow to expand the view.



At the bottom left of the list, the number of pages is listed. Use the arrows to page forward or backward, or enter a number in the box to advance to that page.

At the bottom right of the list, the number of items is listed. Use the dropdown to select the number of records you want to display on each page. The number of pages will update when the number of items is changed.

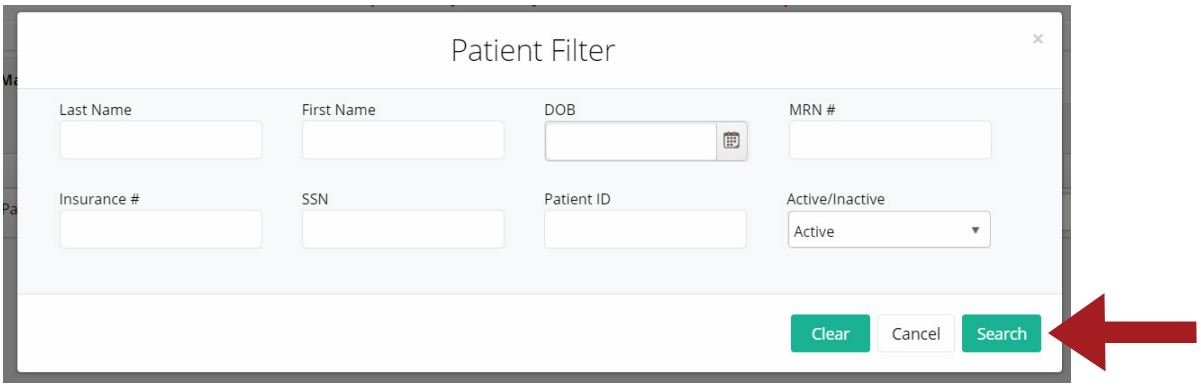


Many screens may also have a **Filter** button, which will allow you to modify the information you're looking at in the rows. For instance, if you're looking at a list of patients and only want to see "John Doe," you would click the **Filter** button and put in relevant information, such as "Doe" in the **Last Name** field. That way, only people with that last name will appear on the list.

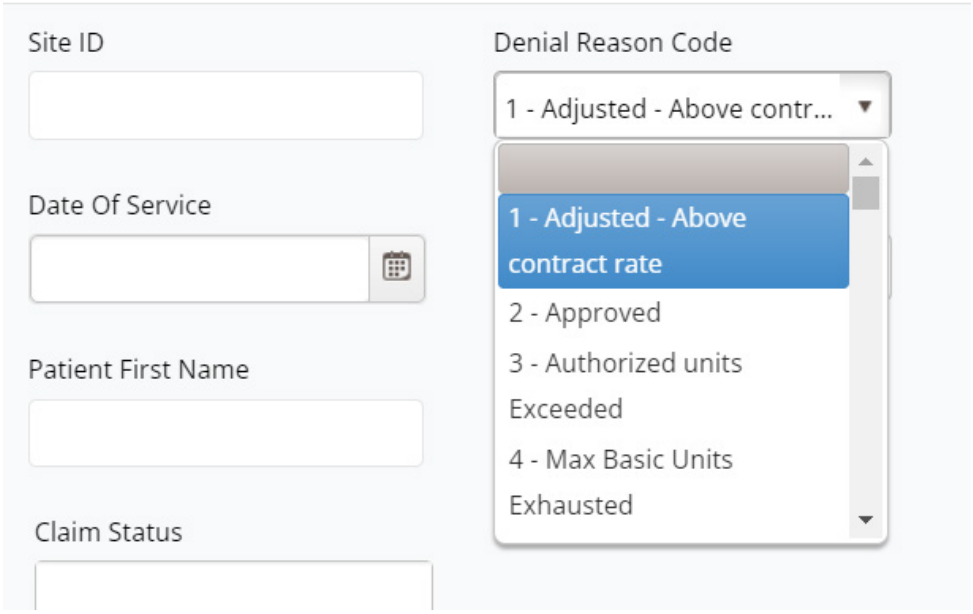
If you begin creating a record in any screen, make sure it's either saved or cancelled before you try to go to another module or you won't be able to.

Putting in Information

In most cases, inputting data is as simple as typing into fields. However, there are a few cases in which you will need to search for the info to go into the field. When this is the case, you will see a **Search** button.

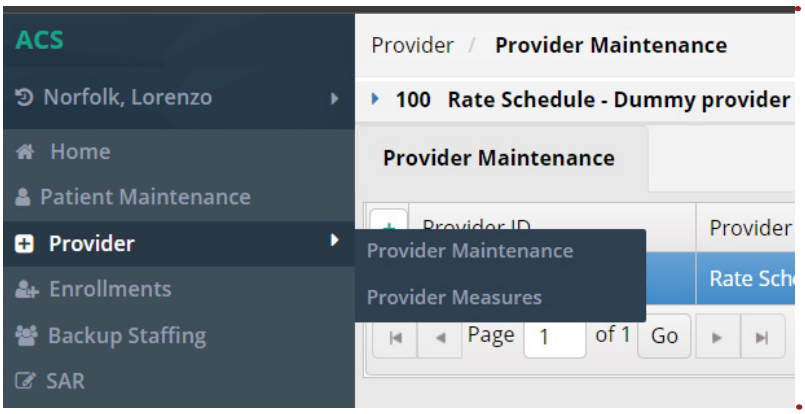


This will open a subscreen, allowing you to search through records to find the one you want to input.



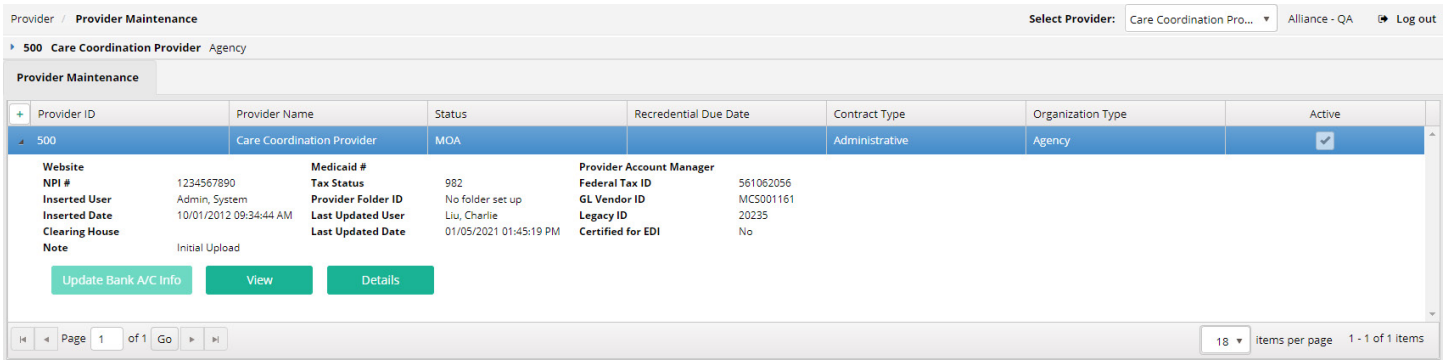
At other times, the system may want to fill in text as you're writing something into a field. This will usually appear as a dropdown under the text box. You can then scroll down to the selection you want and click on it. This will fill in the text box with the info exactly as it is in the dropdown. There are tables in the system with buttons to the side: **Add, Update, Remove**. To edit or delete a field, click on the field itself, then **Update** or **Remove**. Clicking **Add** will add a new field regardless of what is currently highlighted.

Provider Details

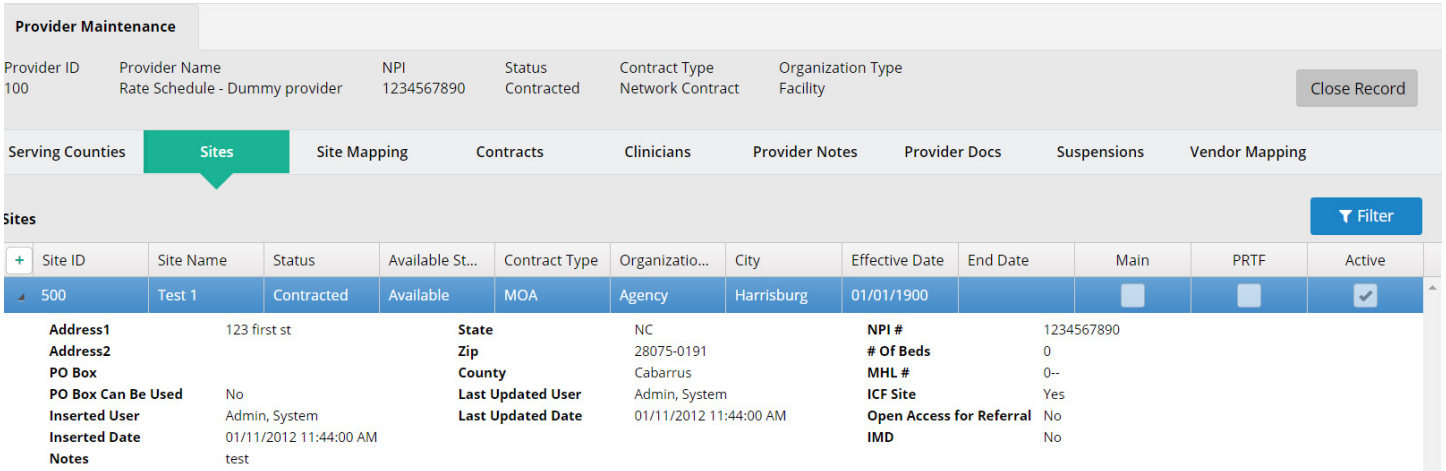


This module allows you to view the information that Alliance has on file for your company. There are two tabs in this module: **Provider Maintenance and Provider Measures.**

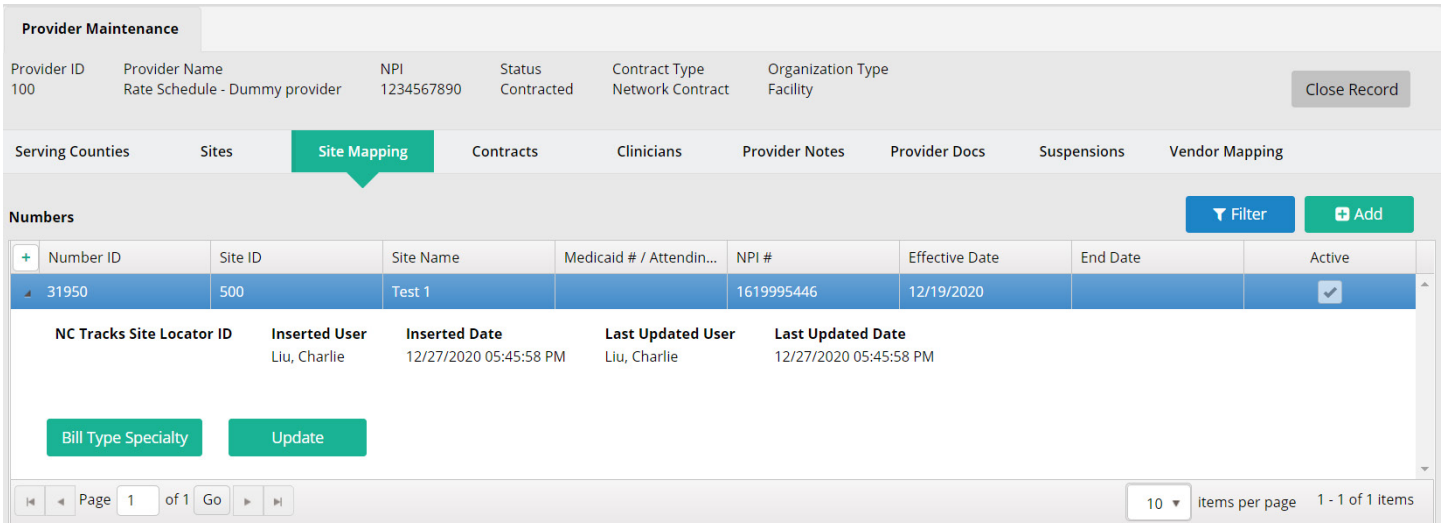
On the **Provider Maintenance** tab, you will see your company's name, for more information, select view or details. To view its sites, the counties it serves and the clinicians link to it.



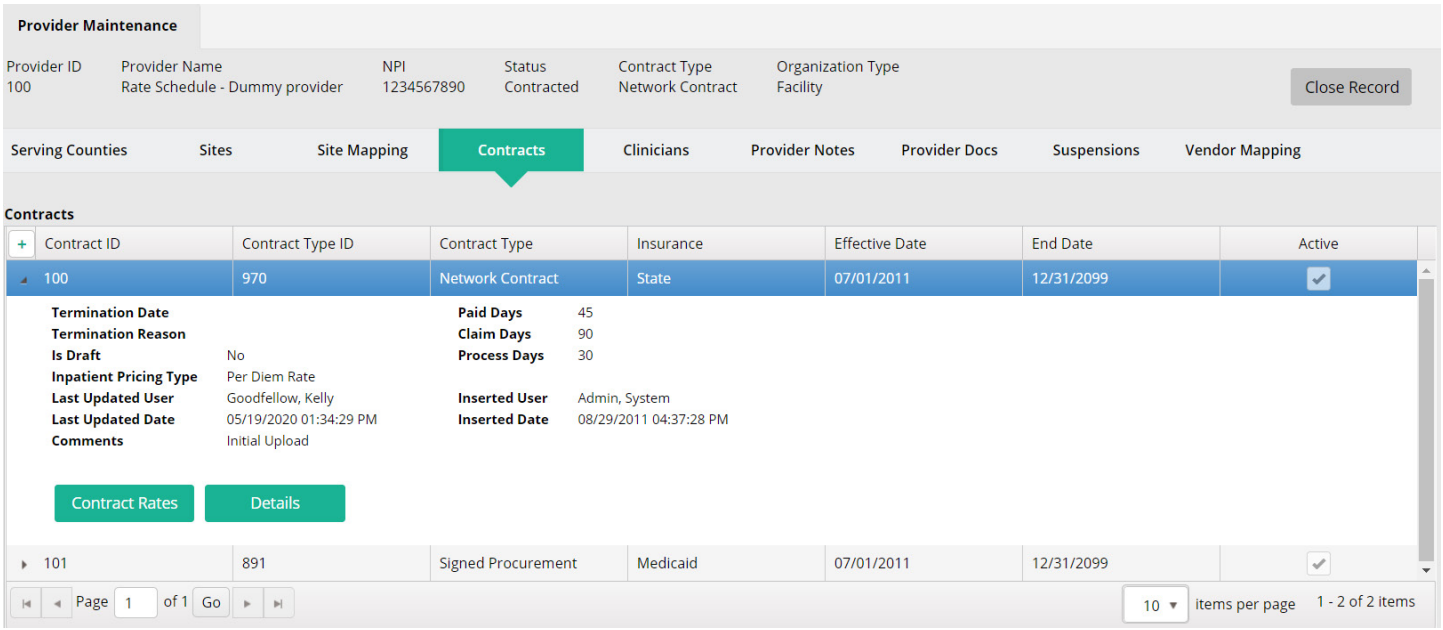
As you go through the other tabs on the side of the screen, you will see more in-depth information. Note that when you click on the **Site** tab, you can choose a site and the surrounding tiles will show information for that site. Please note that all sites that are in NCTracks are now listed. However, the only sites that are contracted are the sites that have current effective contract details assigned to that site.



Once you've chosen a site on the **Site** tab, you can then go to the **Site Mapping** tab and it will show more information for only that site. In case you forget which site you are viewing information on, you can find this in the company information bar at the top of the screen.



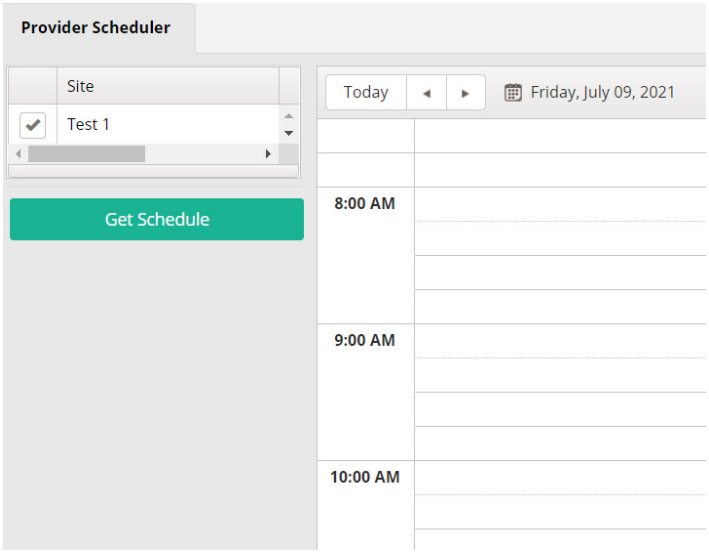
Finally, the **Contracts** tab will allow you to see all contracts for your company, including information on what services require authorizations, if they are subcapitated and if they are patient-specific and/or have patient specific rates. To search for a service rate, you can enter the all or part of the service code in the **Contract Rates** tile and it will pull up all corresponding services with their rate.



Provider Scheduler

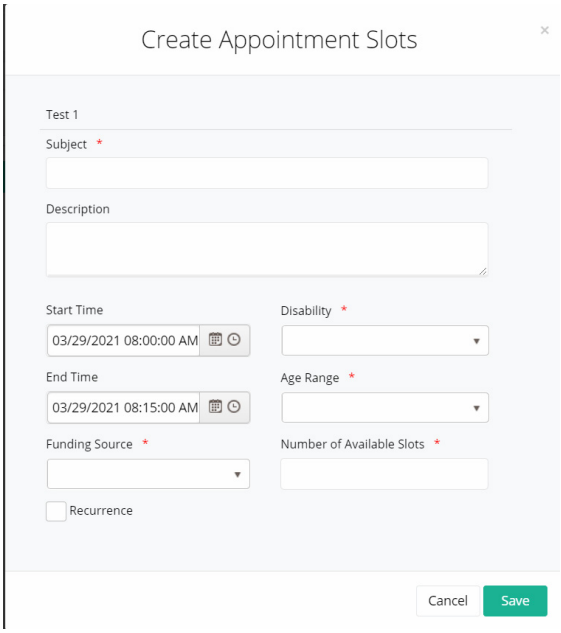
When Alliance wants to refer a client to you, they will do so by looking at a master schedule of all the providers in their catchment area. Many companies have regularly scheduled times when they can handle referrals. You are able to set these up in the **Provider Scheduler** so that Alliance knows your availability and can schedule appropriately.

Before proceeding, you will want to check out the information at this link. This way Member Services staff can best use your appointment times for referrals.



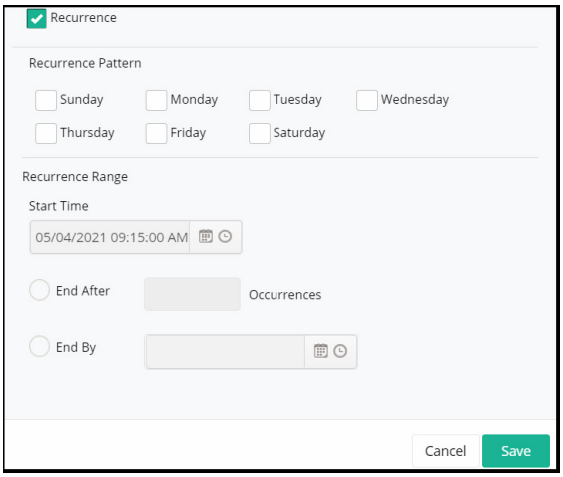
Your company's sites will automatically appear in the **Site** list. Choose the one you want (in this case, there is only one) and click **Get Schedule**. This will show you the calendar for that site for the day you have selected.

To set your availability, double click on the calendar at the time your availability starts. For instance, if you are available from 9 am–12 pm, you would double click on the calendar at the 9 am time.

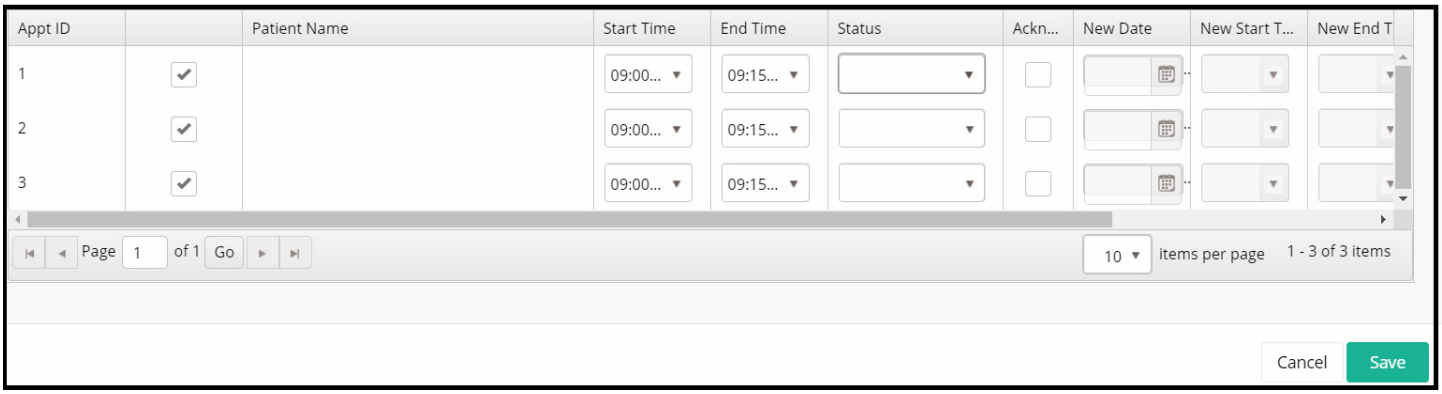


You can now enter the appointment information. Enter a subject, as well as an optional description. Then adjust the start and end times of the block, then enter the number of slots.

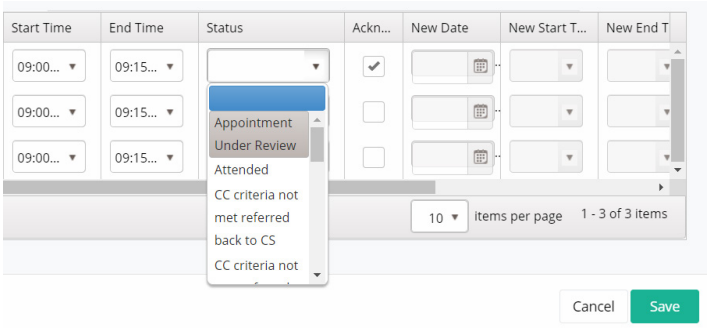
Next, enter the information that narrows down what type of client can be seen by disability, age range and funding source. If this is a recurring appointment, click **Recurrence**. This will open up a second appointment screen.



Fill in the necessary information and click the **Save** button. This will take you back to the first appointment screen. If everything looks correct, hit the **Save** button. Once you do this, rows will appear underneath the **Save** button.



Once slots begin being scheduled, you will be notified by e-mail. You can go to the appointment and double click on it to check the **Acknowledgement** checkbox so Alliance knows you're aware of the appointment. Once the appointment has/not happened, you can go back into the appointment and enter a **Status**. Again, this information appears on the Alliance side once saved.



Note also that the block changes colors as Alliance begins to reserve slots:

- If a block is **GREEN**, that means all the slots in it are still available. For example, if you have three slots and all three are still available, the block will be green.
- If a block is **YELLOW**, some of the slots have been reserved but not all. If you have one or two of the three slots still available, the block will be yellow.
- If a block is **RED**, all the slots have been reserved. All three slots have been reserved and nothing else can be scheduled here.

Patient Search

When you are first approached by a patient and need to find out what benefit plan(s) they are a part of, you will want to go to **Patient Maintenance** module. You will do this by clicking on **Menu**, then **Patient Maintenance**.

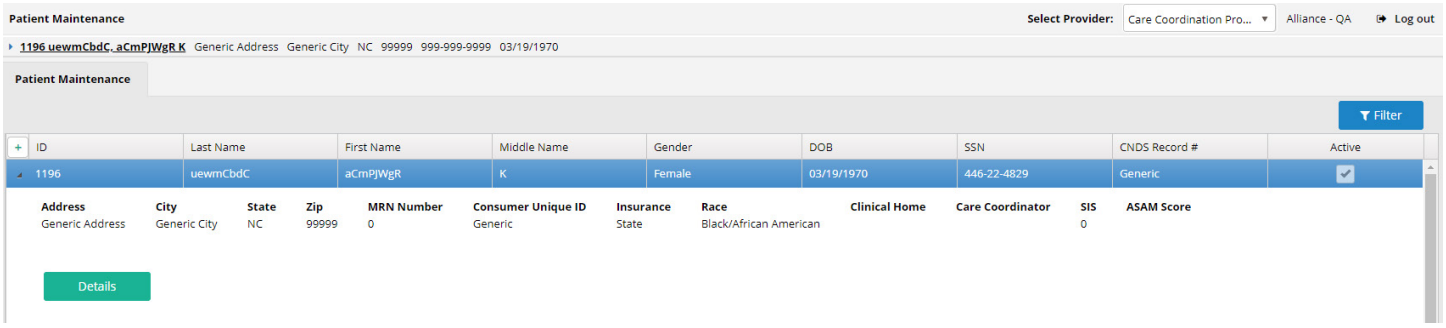


Search for clients in the **Patient** tile to see if they have Medicaid or a state benefit plan by entering the information you have for them and clicking the **Search** button.

To search for a client, you must provide a combo of:

1. Last Name and DOB
2. Last Name and SSN OR
3. Last Name and Insurance ID

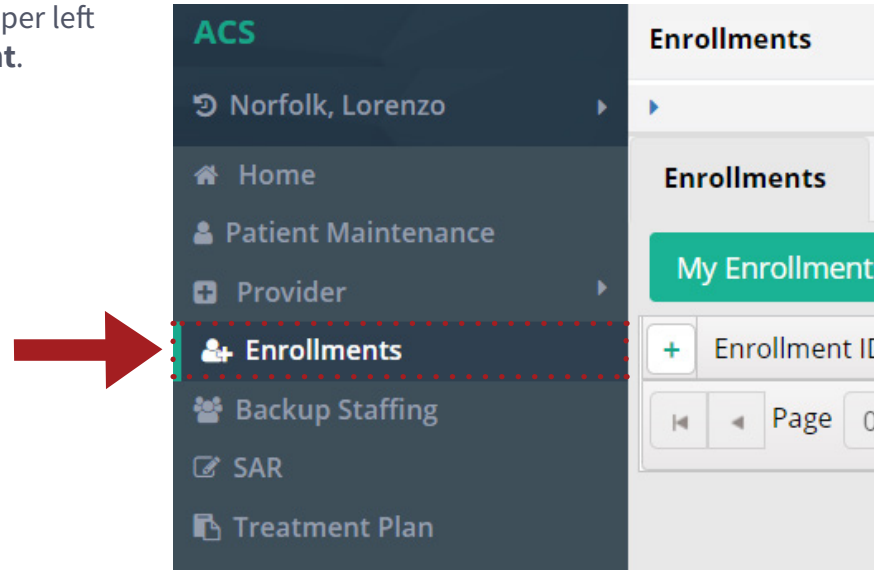
This will pull patients who match whatever data you entered. The patient's information will populate in the surrounding tiles and tabs. You can view their insurance by maximizing the **Insurance** tile.



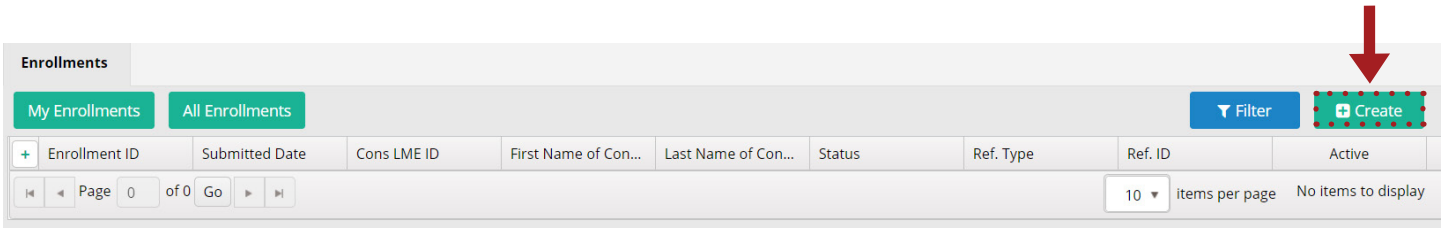
If no patients appear when you search, you may want to try again with other pieces of data or ask the patient if they might have any other name on file. If after trying several attempts at find the patient you're still unable to find them, you will want to submit an enrollment request.

Patient Enrollment

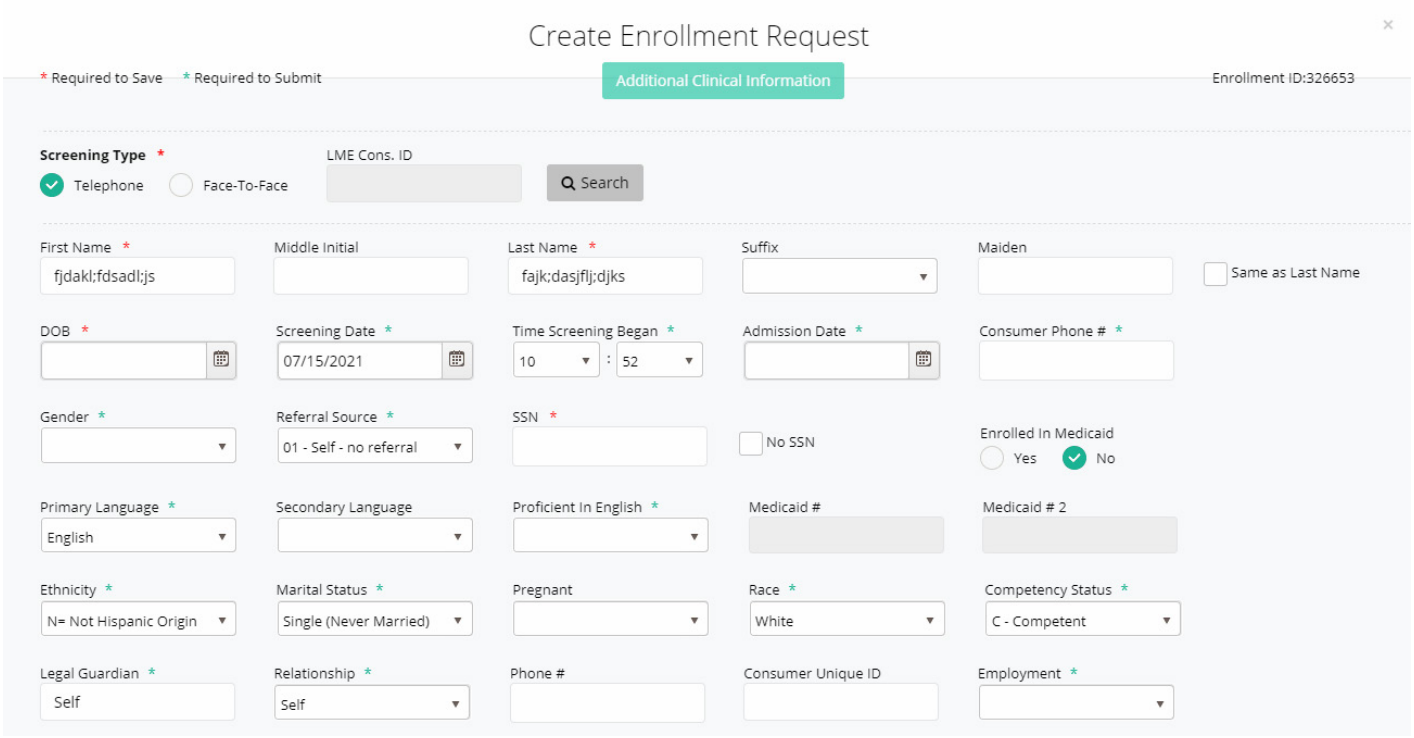
To enroll a patient, click on **Menu** in the upper left hand corner of the screen, then **Enrollment**.



This will open the **Enrollment** module. Any enrollments that you have either not yet submitted, or not yet heard back from Alliance on, will appear here on this list. You can filter for other enrollments by using the **Filter** button on the **Base** tile. The surrounding tiles will be populated with the information corresponding to the highlighted enrollment. To create a new enrollment, click on the **Create** button on the **Base** tile.



The **Enrollment Master** allows providers to enter all necessary information to enroll a client. Note that after you've entered the information into fields with the red asterisks next to them, you are able to save the enrollment at the bottom of the page. At this point, click **Save** and choose **Additional Clinical Information** button on the pop up box, which allows you to put in target pops, diagnoses, medications, etc.

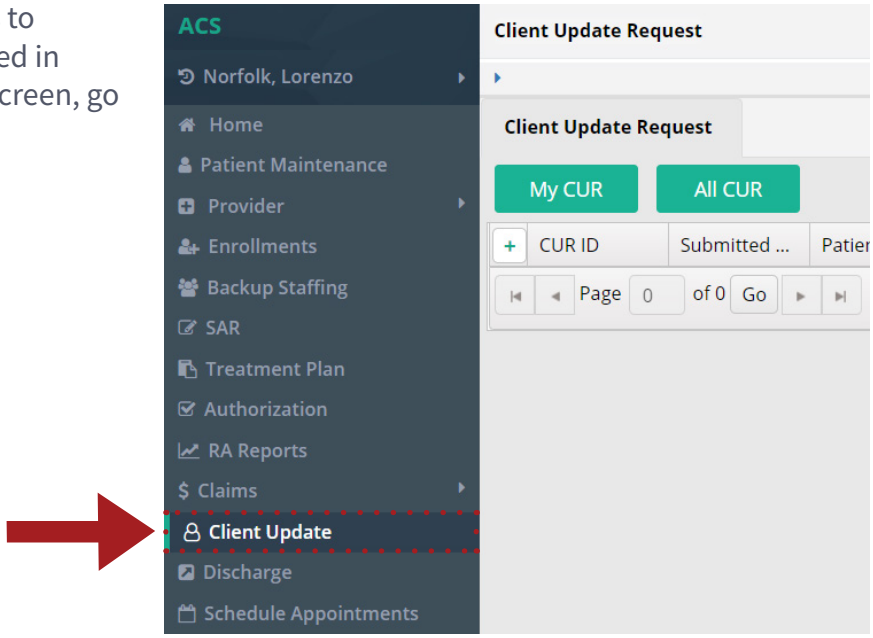


Once you add the diagnosis, target pop and drug of choice information scroll to bottom of page and click **Save**. This will take you back to the first page.

At the bottom of the page, you are able to either save or submit the document. Pressing the Submit button sends the form to Alliance for processing. Once the document is submitted, it will remain on your queue as **Submitted** until reviewed by E&E staff. You will receive an email and find the results of your enrollment application on the **Review** tile when a decision has been made.

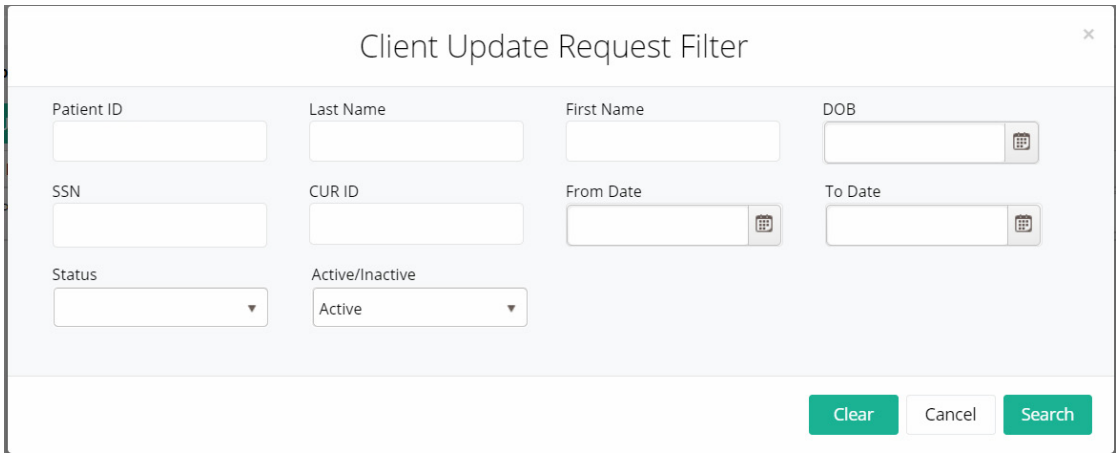
Clinical Updates

This module allows you to request updates to patient information who are already enrolled in state or Medicaid Insurance. To reach this screen, go to **Client Update**.



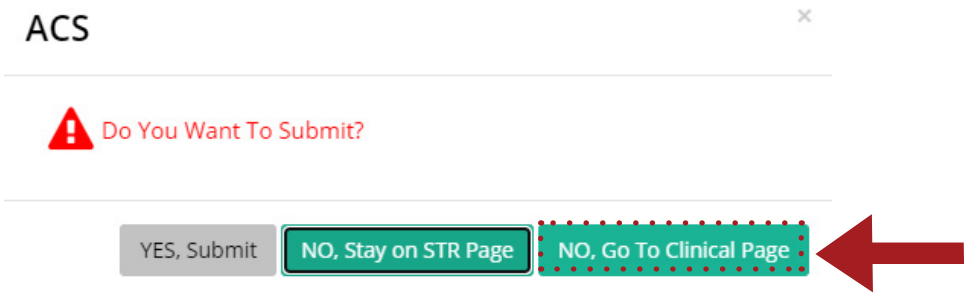
Saved client update requests (CURs) and submitted requests that are awaiting a decision by Alliance will appear here. To search for other CURs, click the **Filter** button. To create a new CUR, click the **Create** button.

This will take you to a form identical to the enrollment form.



Click the **Search** button at the bottom of the form to search for the client. When you select the client, their information will populate in all the fields.

Make the necessary changes to the form. If you want to change clinical information for the client (e.g. target pop, diagnosis, substance abuse information, etc.), click the **Save** button at the bottom of the page.
A message will appear asking you want to go to clinical section of the form. Click on this option.

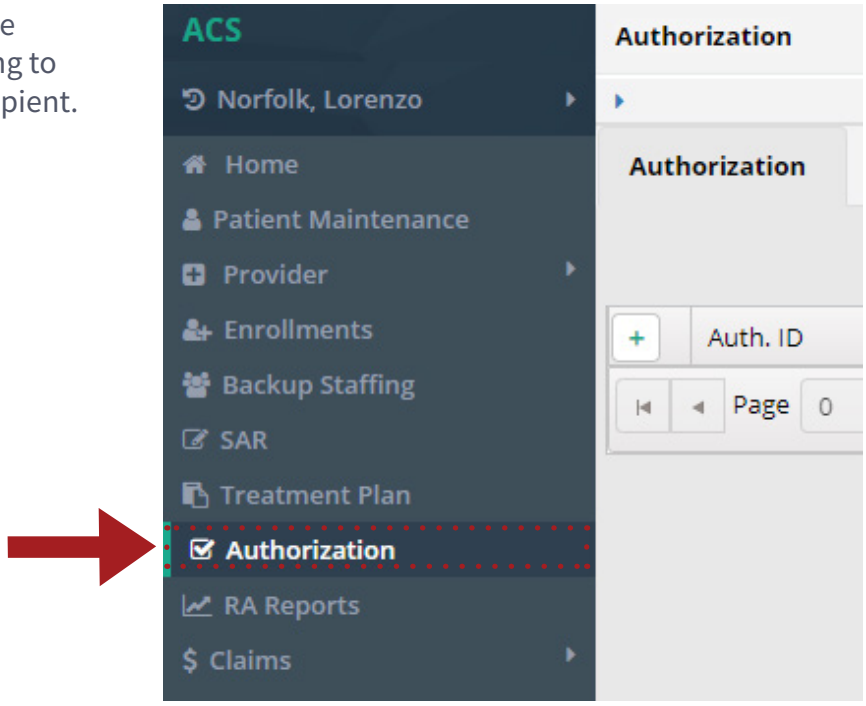


When you've made any changes you want on either page, let Alliance know what changes you're requesting by entering the information into the **Comments** section at the bottom of the first page before hitting **Submit**. This CUR will now show on your queue, awaiting a decision by Alliance.

Authorizations

Printing the Authorization Letter

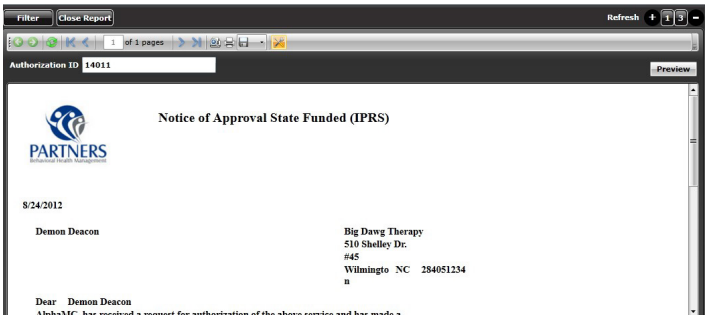
Once a service on a SAR is Approved, you are able to print the authorization letter by going to **Authorization**. filter for the member or recipient.



The member or recipient may have multiple authorizations. Make sure you have highlighted the one you want to print. Click on the arrow to the left of the **Auth ID** to expand the record and see the action buttons.



Click on the **Print** button to view the authorization.

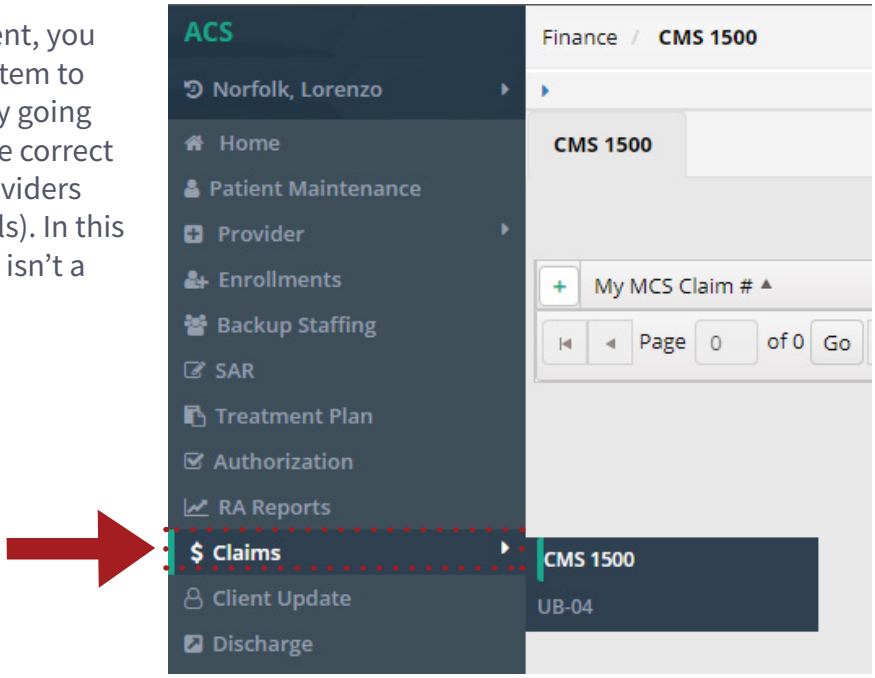


To print the letter, click the printer icon. You can also export the letter to a Word or PDF document to print.

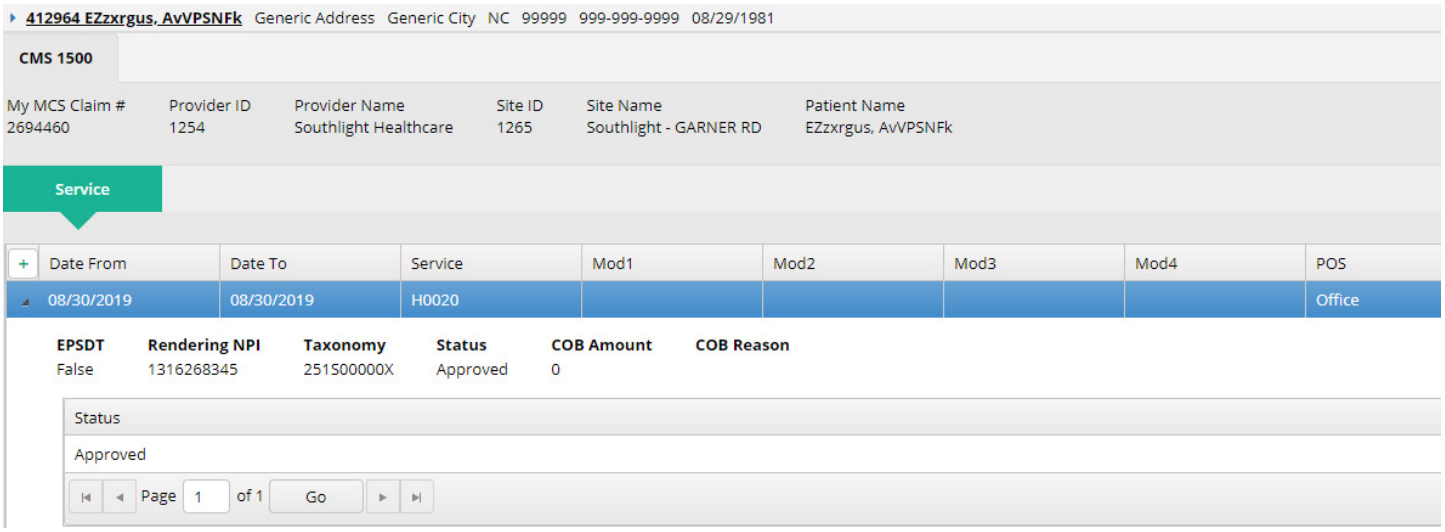
To get out of this screen, click the **Close Report** button at the top of the window.

Claims

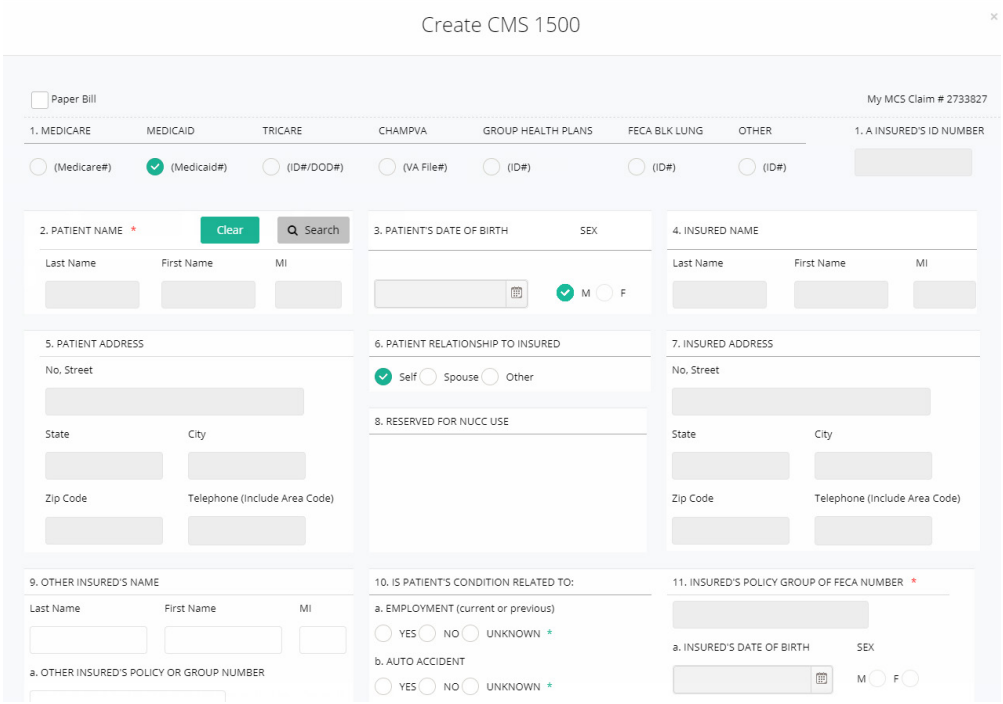
Once you begin providing services for a client, you will be able to enter claims through the system to be processed by Alliance. You can do this by going to **Menu**, then **Claims**, then by choosing the correct type of claim to process, **CMS 1500** (for providers who aren't hospitals) or **UB-04** (for hospitals). In this workflow, we act as if we're a provider who isn't a hospital.



The main screen will show you all claims that have been saved but not yet submitted. These claims will remain on this tile for 30 days, then they will be automatically deleted from the system. Click the arrow to the left of the **My MCS Claim #** to expand the record. Click **Details** to view the **Service** tab which will show what services are linked to that claim. Click the arrow to the left of the **Date From** field to view the **Status** box which shows you the status of the highlighted service.



Click **Create** to enter a new claim.



At the bottom of the form, you will be presented with four options:



- **Print** will print the form.
- **Save** will keep the claim on your queue for 30 days.
- **Cancel** will cause you to leave the screen without saving.
- **Submit** will send the claim off to be processed.

If you ever want to see if a specific claim has been paid or denied, you can go to the main screen and search for it using the **Filter** button.

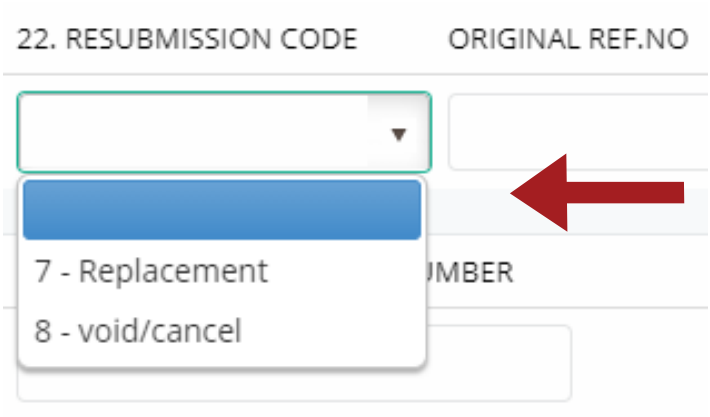
If you are entering a claim that is almost identical to one you have already entered, filter for the original claim, then hit the **Copy** button. It will copy the claim's info into a new form, where you can make any changes you want.

Replacing and Reversing Claims

To replace or reverse a claim, first filter for the processed claim you would like to replace or reverse. Once you've found the claim, click the **Copy** button.



This will display the claim in an editable format. This is also the process for submitting claims similar to past claims, since all you would have to do is make a few minor changes and hit **Submit**. The only difference is that to replace/reverse a claim, you would go to #22 and enter the action you're taking.



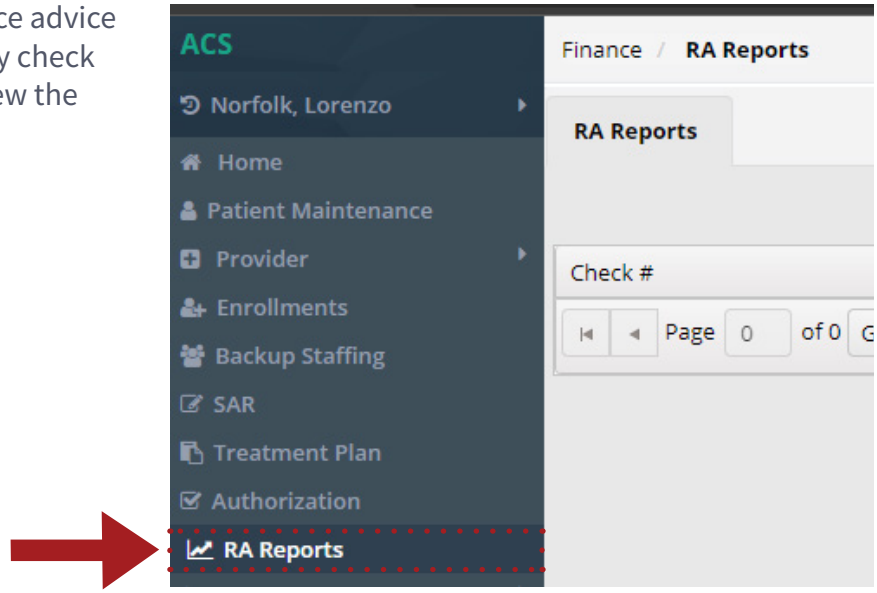
After you choose **Replacement** or **Void/Cancel**, enter the original claim number in the **Original REF. NO** field. This will tell Alliance which claim you're replacing or reversing. The original claim number can be found in the **Claim #** column on your RA or the **Claim Header ID** column on your daily claims dump.

- **Replacement:** Replacing a claim tells Alliance that the information you sent in the first time was incorrect and that this new claim has the correct info. If it was paid the first time, that money will be recouped by Alliance and you will be asking for it again in this claim. If it didn't pay, you are essentially just resubmitting the claim for Alliance approval.
- **Void/Cancel:** Reversing a claim tells Alliance you entered the wrong info in the original claim and you want them to recoup the money paid without sending another claim to try to recollect that money.

In the case of a replacement, make any necessary changes. Click **Submit**.

RA Reports

This module allows users to view remittance advice (RA) reports from a certain time frame or by check number. Go to **Finance > RA Reports** to view the reports.



User Profile

Okta Provider Portal Access Guide

Alliance Health is moving to a single sign on platform using the Okta Authentication portal for all provider applications. This includes the Alliance Claims System (ACS), Independent Living Initiative (ILI), the Individual Placement and Supported Employment (IPS-SE) – sometimes referred to as the DOJ application. This guide is intended to instruct provider users how to:

- Activate your new user account
- Edit your personal information
- Change your password
- Unlock your account

https://www.alliancehealthplan.org/document-library/71742

