Alliance Claims System (ACS)

Provider Portal Handbook

Alliance Health

BKT988128E00

Table of Contents

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:

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.

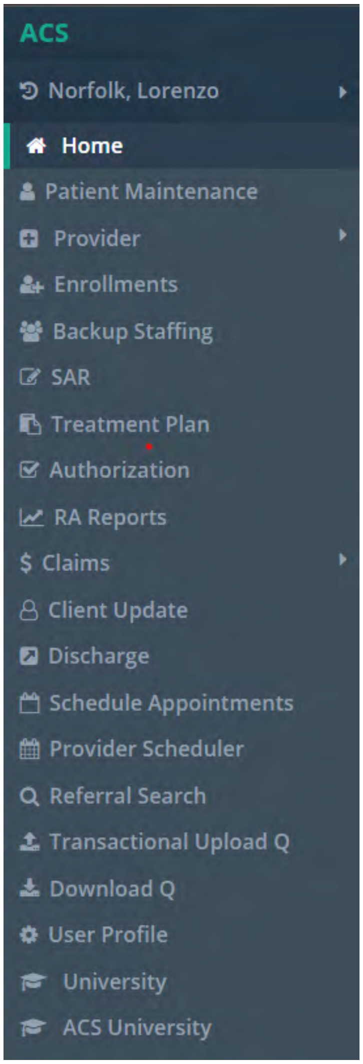
First things first...

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.

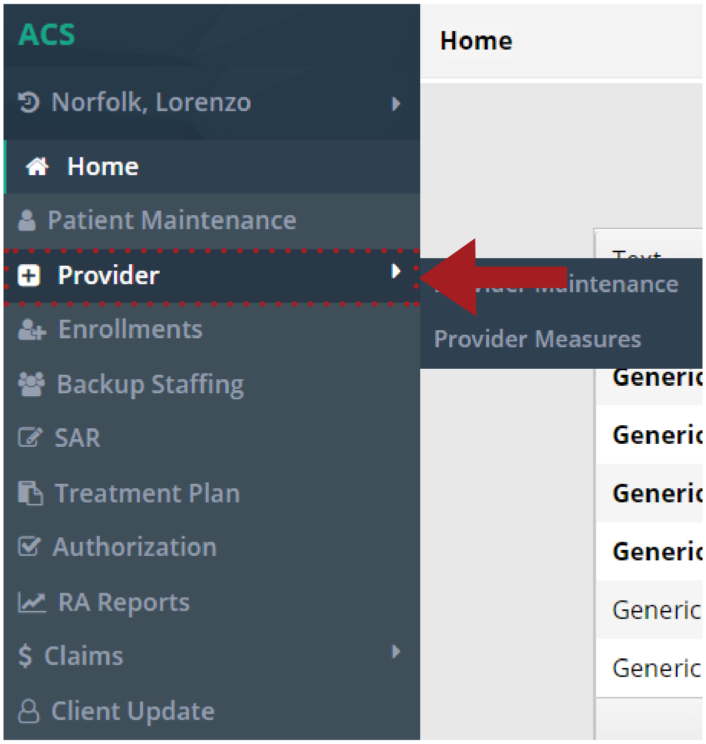
The best screen resolution is 1360 x 765. This will allow you to see the entire screen and navigate more easily. You can also zoom in and out using the zoom function in your browser or by holding down the **Ctrl** button on your keyboard and moving the wheel on your mouse forward (to zoom in) and backwards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

Navigation

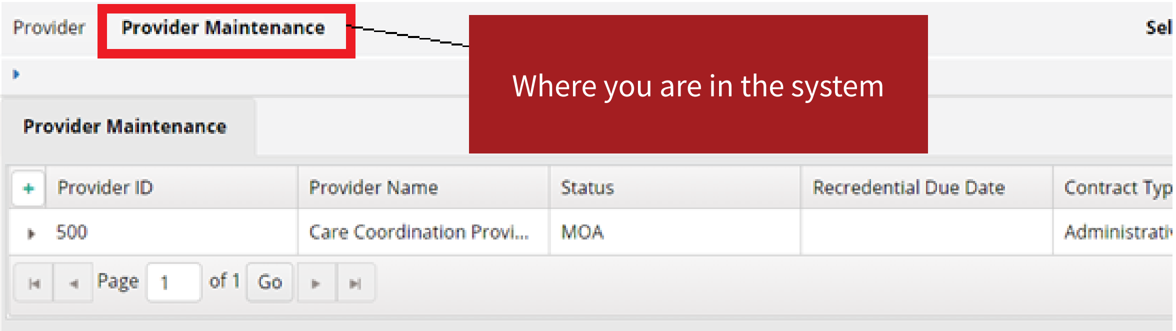


Navigate the system by selecting the module you would like to view.

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.

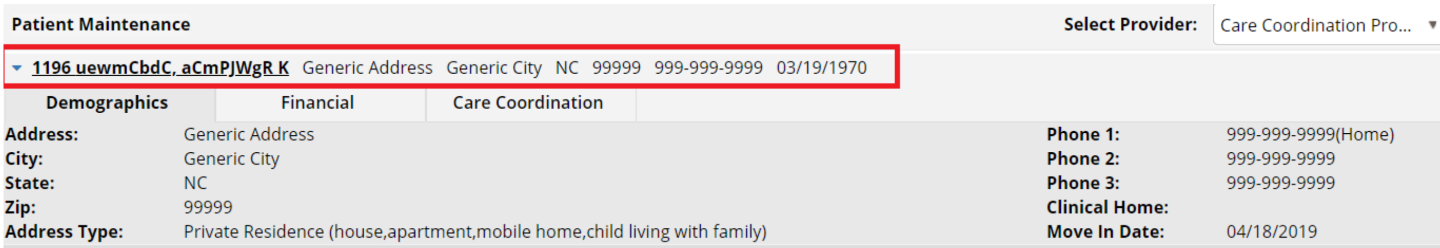


At the very top of each page is a **breadcrumb** explaining where you are in the system. The bolded label tells you where you are in the sytem.



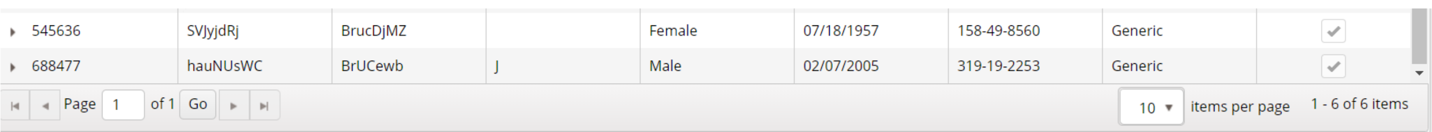
Viewing Information

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.

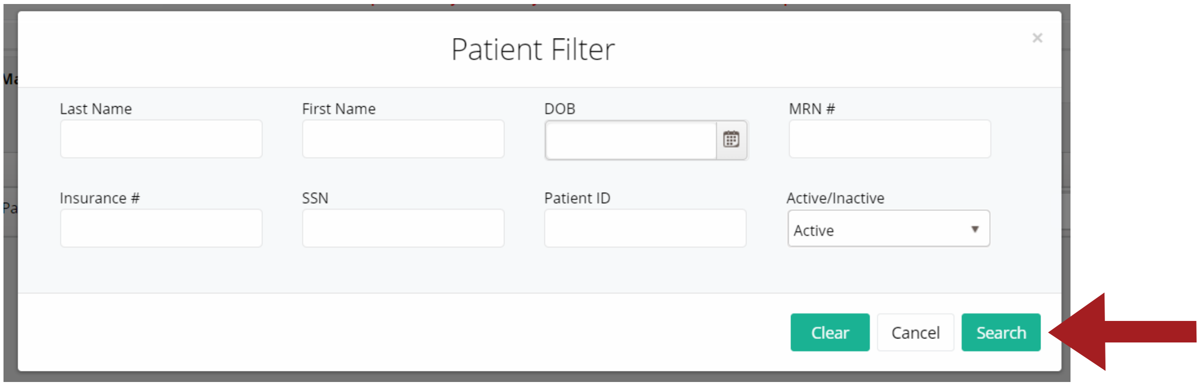


Many screens may also have a **Filter** button, which will allow you to modify the information you're looking at in the rows. For instance, if you're looking at a list of patients and only want to see "John Doe," you would click the **Filter** button and put in relevant information, such as "Doe" in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

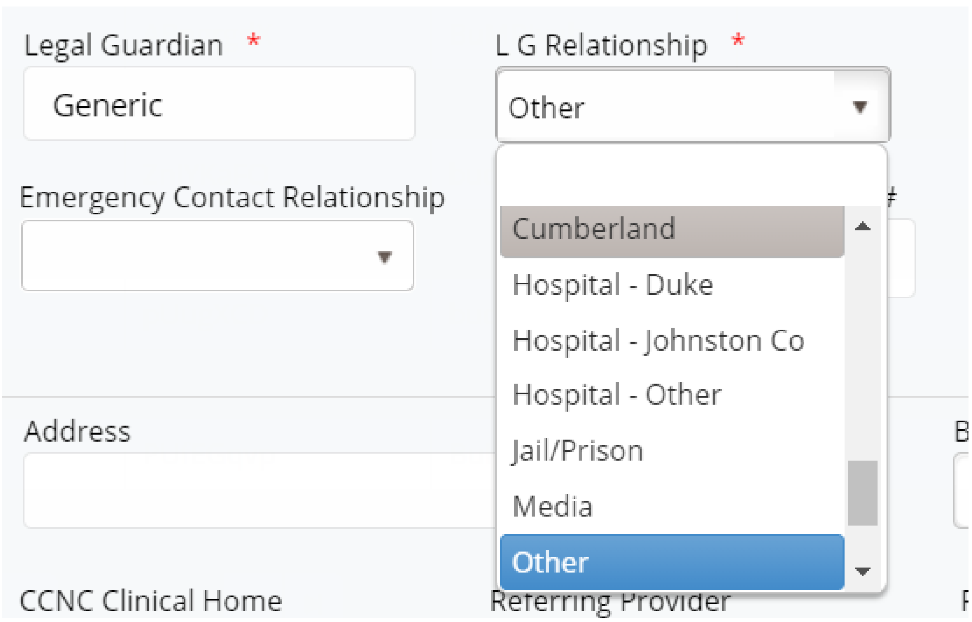
If you begin creating a record in any screen, make sure it's either saved or cancelled before you try to go to another module or you won't be able to.

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.

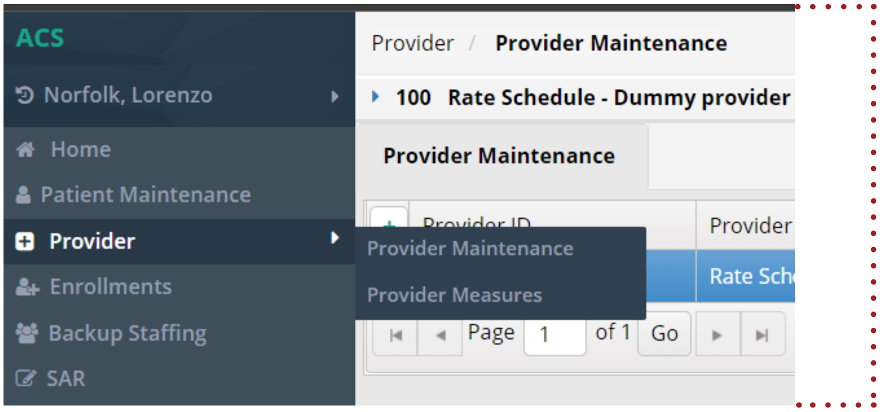


This will open a subscreen, allowing you to search through records to find the one you want to input.



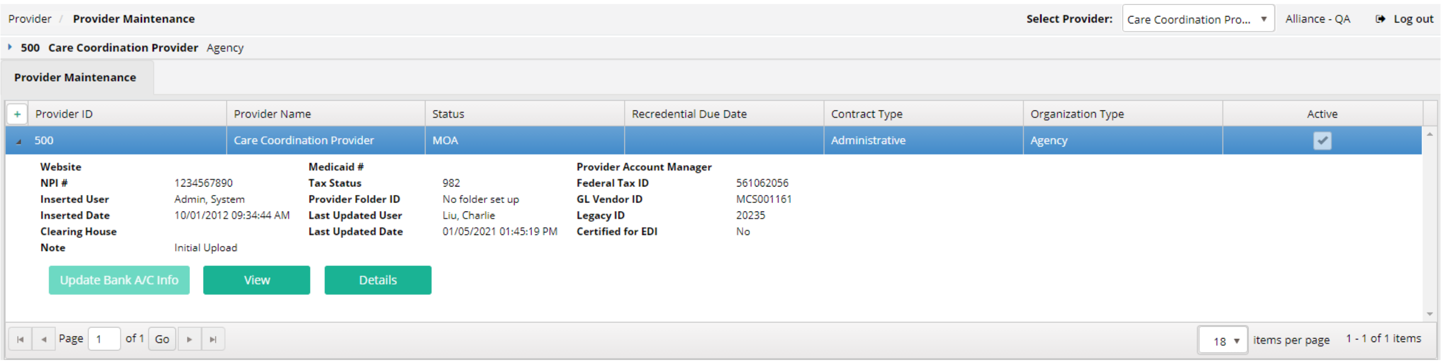
At other times, the system may want to fill in text as you're writing something into a field. This will usually appear as a dropdown under the text box. You can then scroll down to the selection you want and click on it. This will fill in the text box with the info exactly as it is in the dropdown. There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

Provider Details

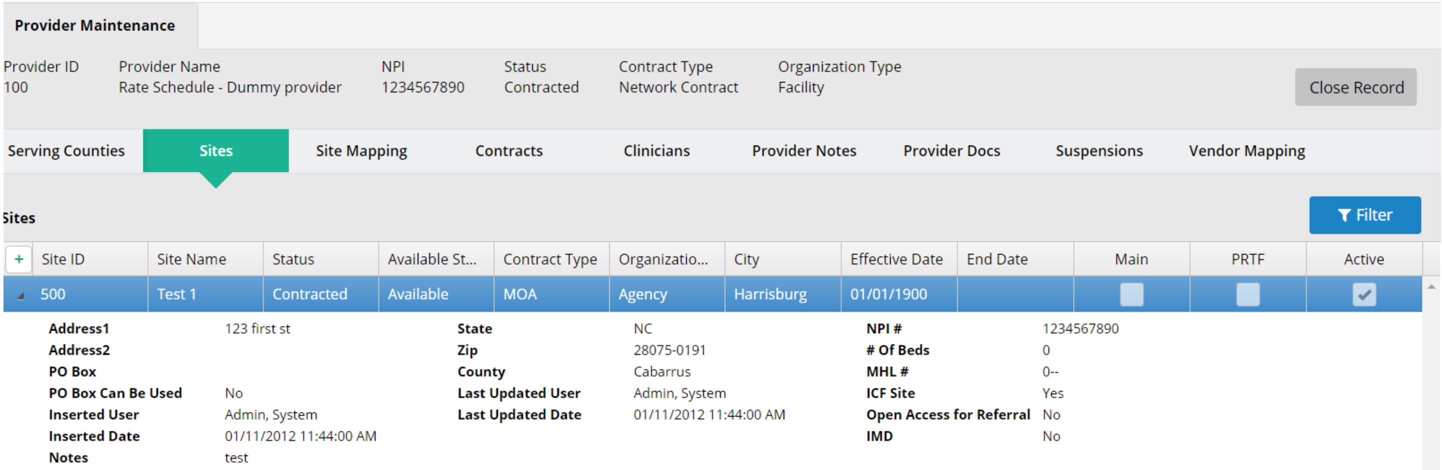


This module allows you to view the information that Alliance has on file for your company. There are two tabs in this module: **Provider Maintenance and Provider Measures.**

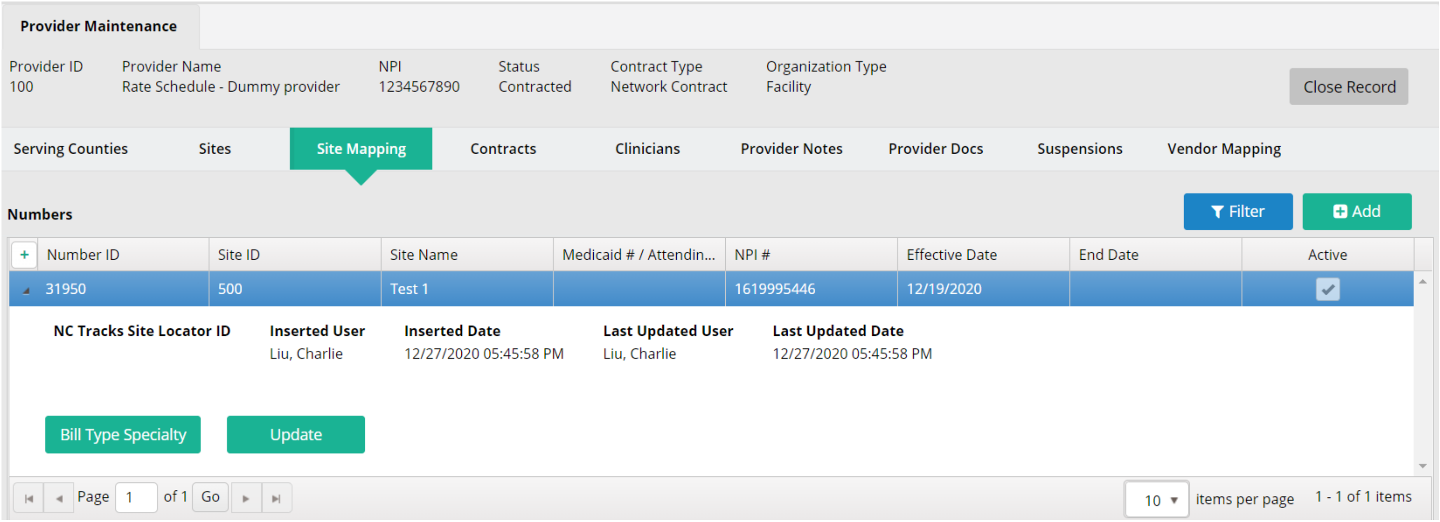
On the **Provider Maintenance** tab, you will see your company's name, for more information, select view or details. To view its sites, the counties it serves and the clinicians link to it.



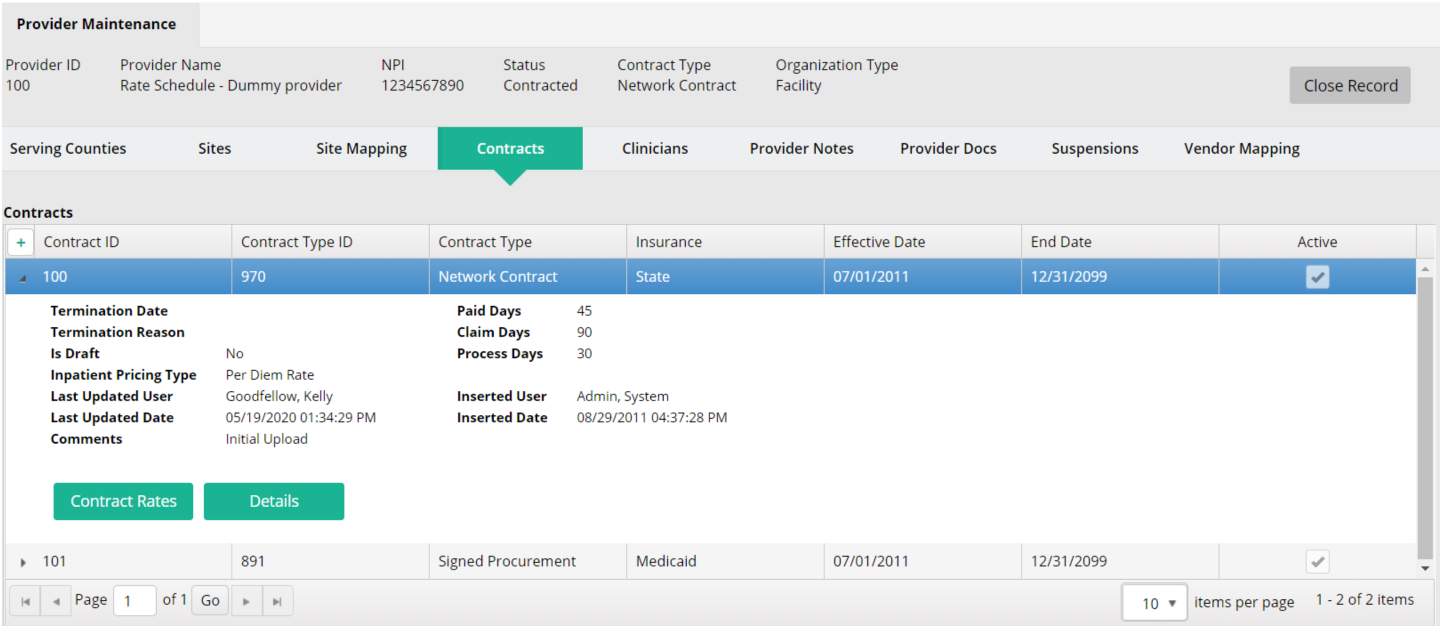
As you go through the other tabs on the side of the screen, you will see more in-depth information. Note that when you click on the **Site** tab, you can choose a site and the surrounding tiles will show information for that site.



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.

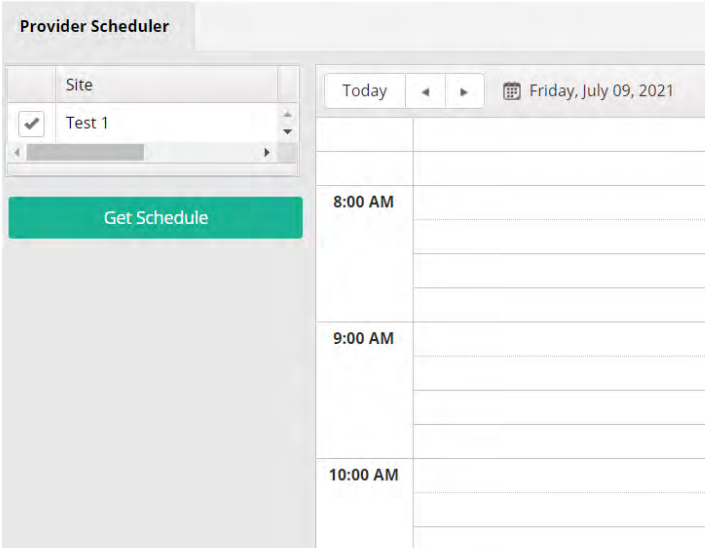


Finally, the **Contracts** tab will allow you to see all contracts for your company, including information on what services require authorizations, if they are subcapitated and if they are patient-specific. To search for a service rate, you can enter the all or part of the service code in the **Contract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



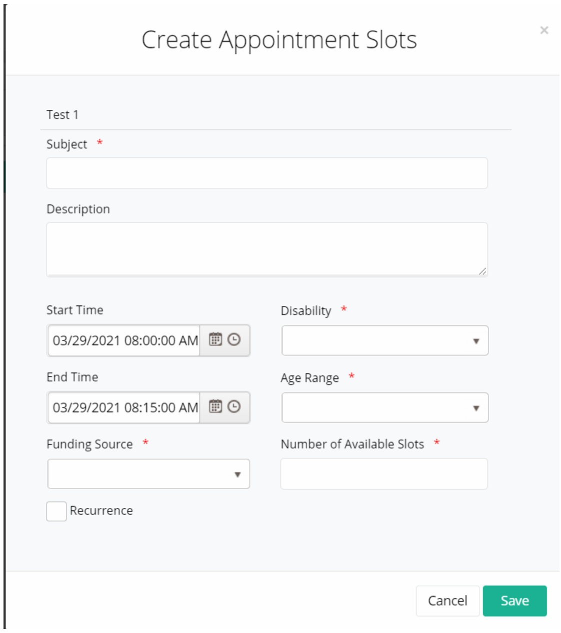
Provider Scheduler

When Alliance wants to a 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.



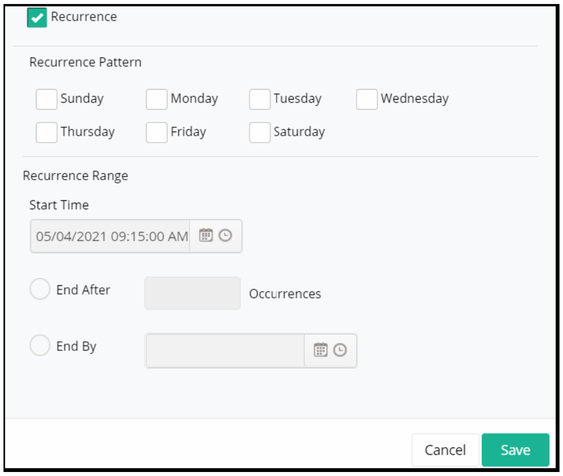
Your company's sites will automatically appear in the **Site** list. Choose the one you want (in this case, there is only one) and click **Get Schedule**. This will show you the calendar for that site for the day you have selected.

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.

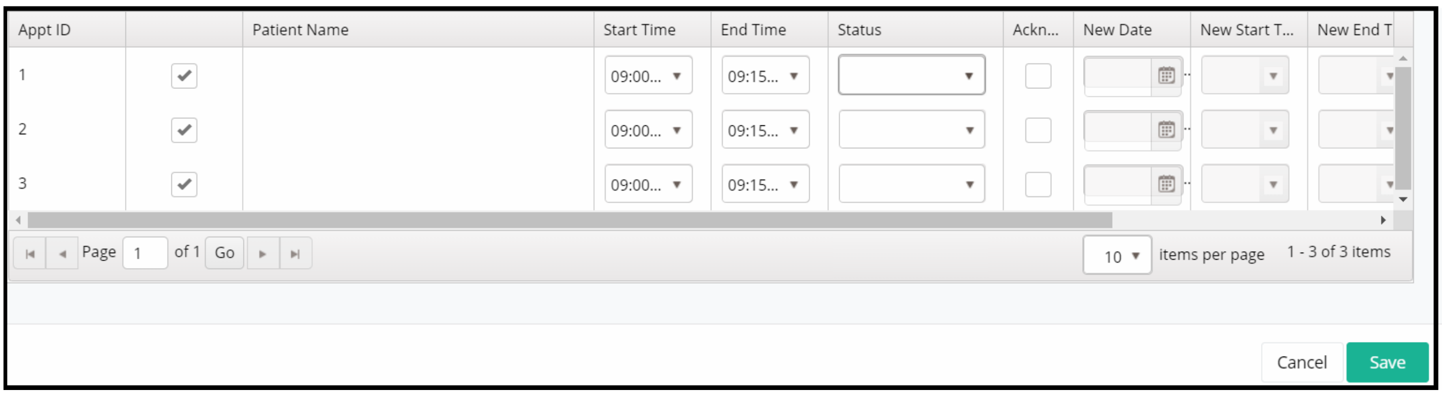


You can now enter the appointment information. Enter a subject, as well as an optional description. Then adjust the start and end times of the block, then enter the number of slots.

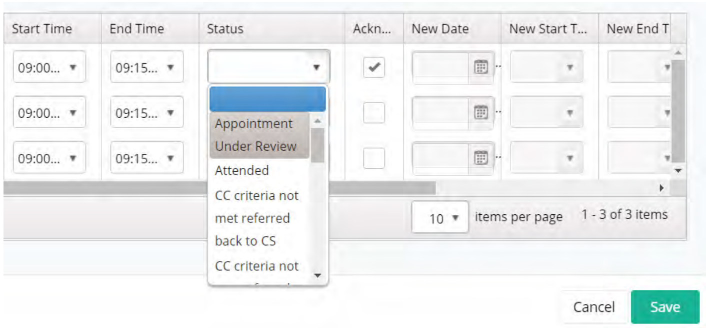
Next, enter the information that narrows down what type of client can be seen by disability, age range and funding source. If this is a recurring appointment, click **Recurrence**. This will open up a second appointment screen.



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 side once saved.

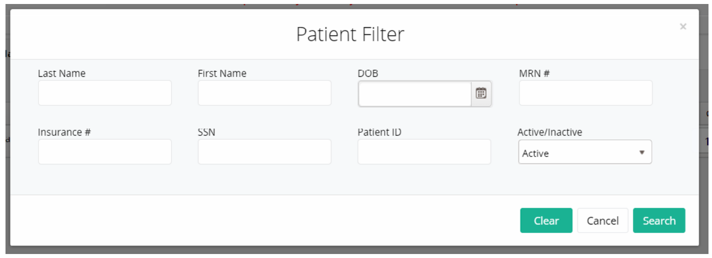


Note also that the block changes colors as Alliance begins to reserve slots:

- If a block is **GREEN**, that means all the slots in it are still available. For example, if a youhave 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 Search** module. You will do this by clicking on **Menu**, then **Patient Search**.

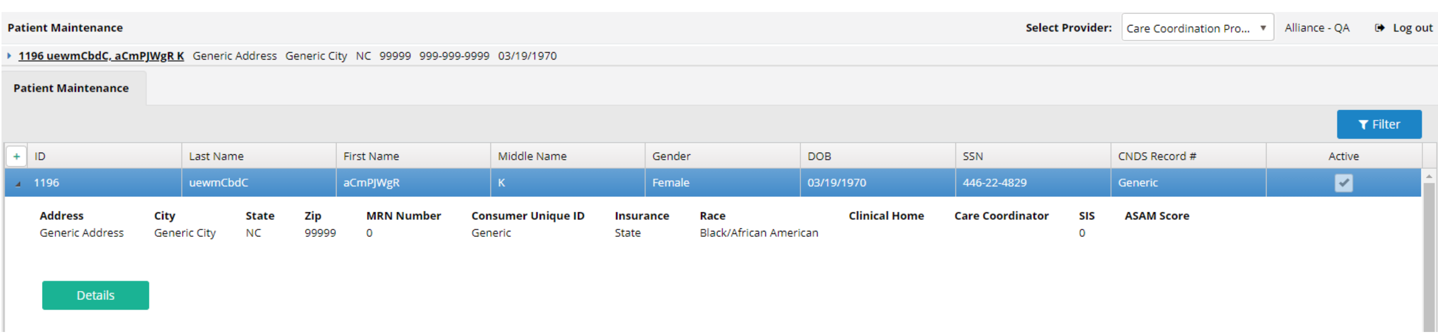


Search for clients in the **Patient** tile to see if they have Medicaid or a state benefit plan by entering the information you have for them and clicking the **Search** button.

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

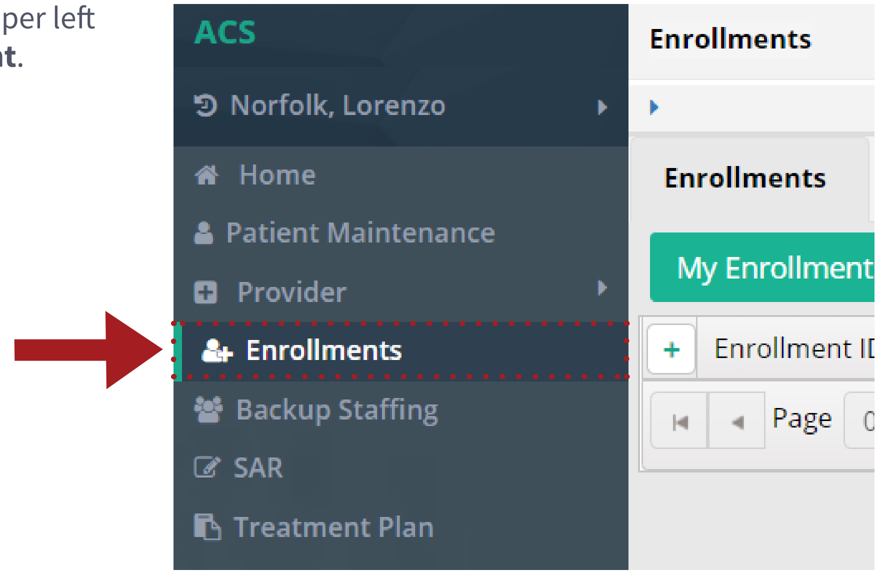
This will pull patients who match whatever data you entered. The patient's information will populate in the surrounding tiles and tabs. You can view their insurance by maximizing the **Insurance** tile.



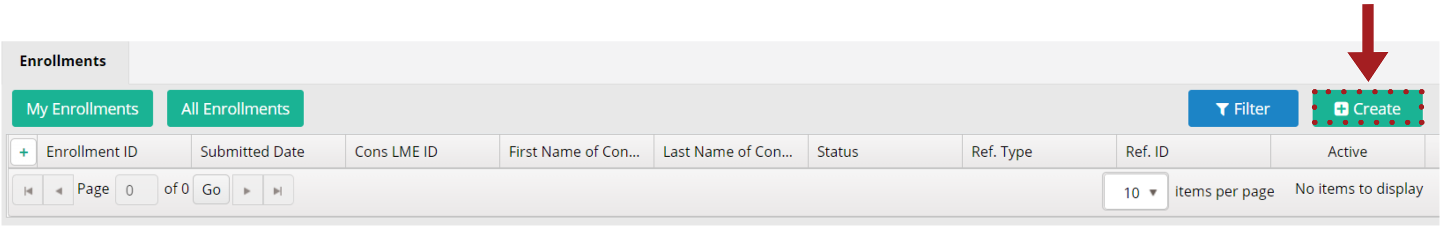
If no patients appear when you search, you may want to try again with other pieces of data, or ask the patient if they might have any other name on file. If after trying several attempts at find the patient you're still unable to find them, you will want to enroll them in a benefit plan.

Patient Enrollment

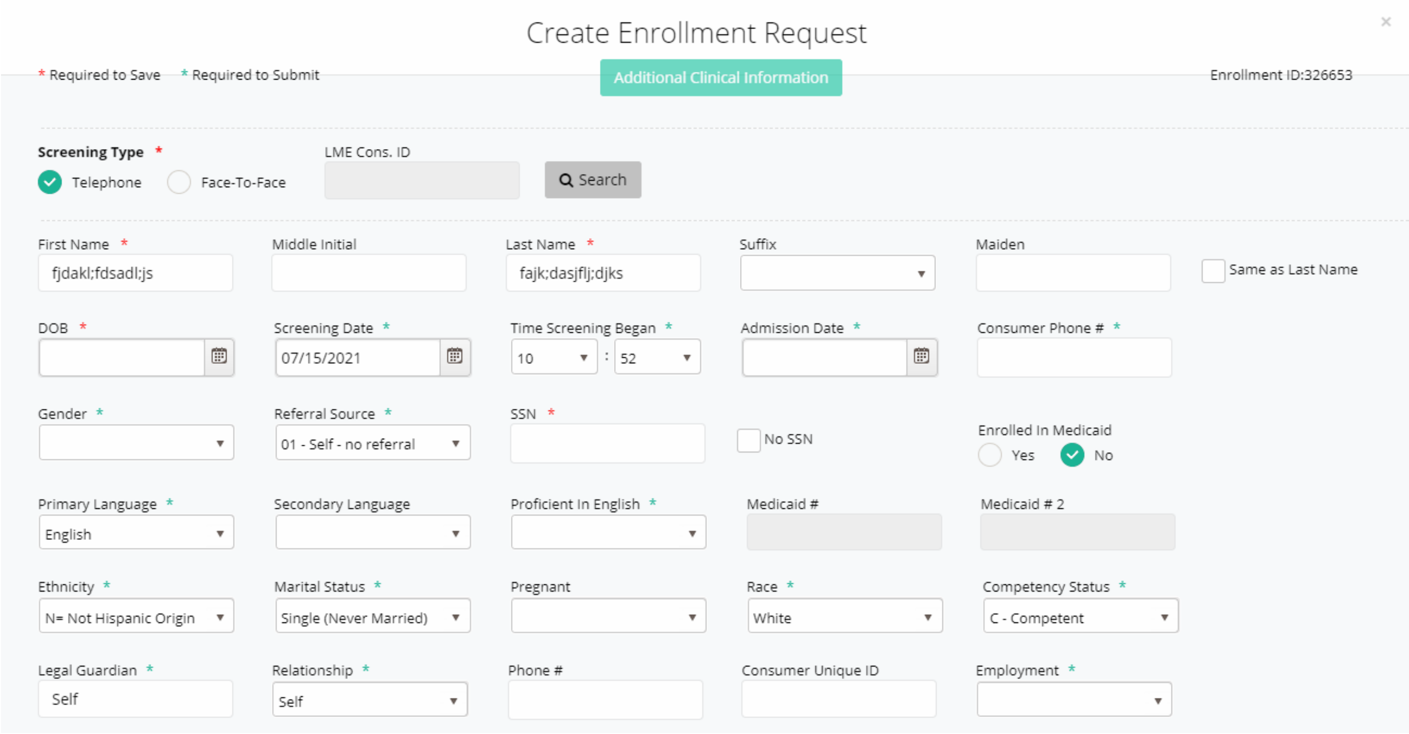
To enroll a patient, click on **Menu** in the upper left hand corner of the screen, then **Enrollment**.



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.



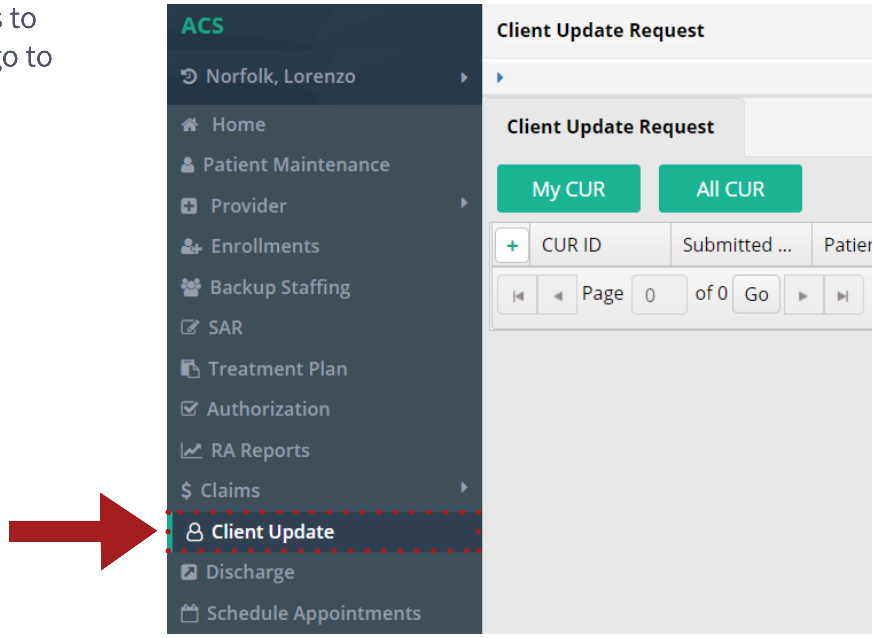
The **Enrollment Master** allows providers to enter all necessary information to enroll a client. Note that after you've entered the information into fields with the red asterisks next to them, you are able to save the enrollment at the bottom of the page. At this point, the **Additional Clinical Information**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



At the bottom of the page, you are able to either save or submit the document. Until the document is submitted, it will remain on your queue on the **Patient** tile. Pressing the Submit button sends the form to Alliance for processing. You will find the results of your enrollment application on the **Review** tile when a decision has been made.

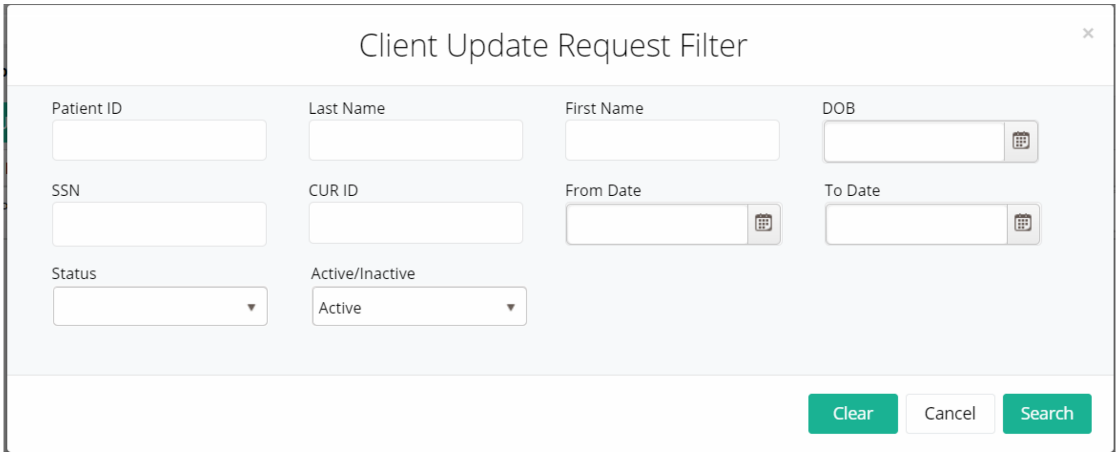
Clinical Updates

This module allows you to request updates to patient information. 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.

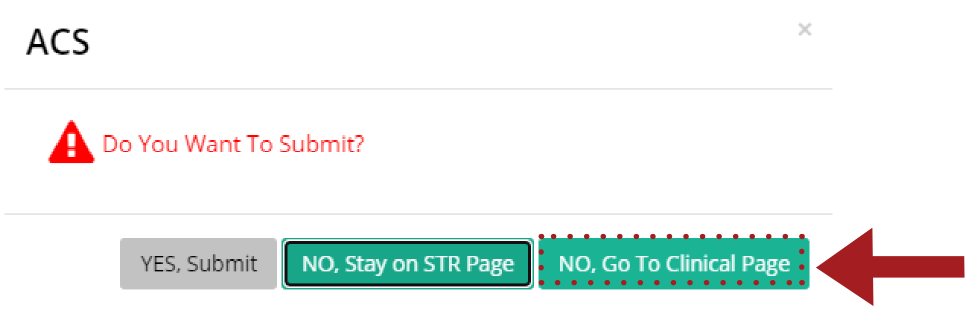
This will take you to a form identical to the enrollment form.



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.

If the client doesn't appear after you've entered their last name, DOB, SSN and insurance number, you may need to enroll them. Do this in the **Enrollment** module.

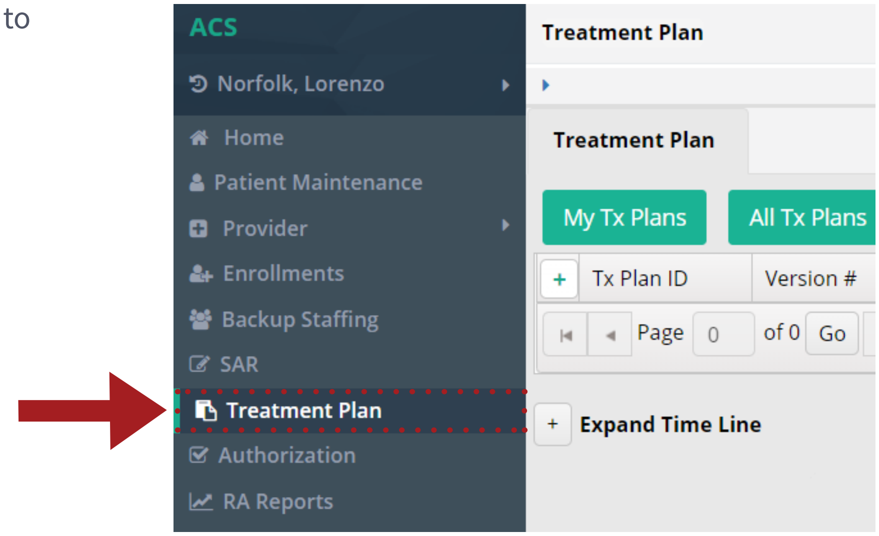
Make the necessary changes to the form. If you want to change clinical information for the client (e.g. target pop, diagnosis, substance abuse information, etc.), click the **Save** button at the bottom of the page.
A message will appear asking you want to go to clinical section of the form. Click on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

Treatment Plan

To enter treatment plans in the system, go to **Treatment Plan**.

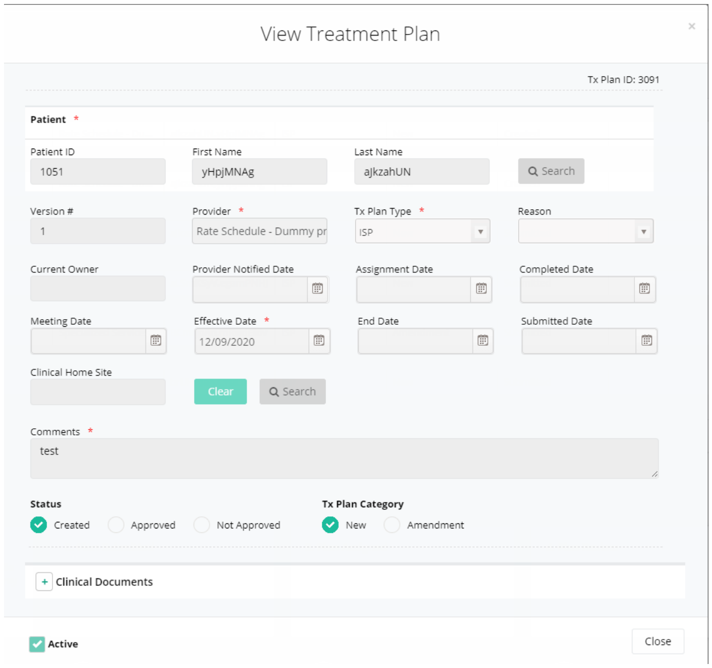


The main screen will show plans that have been saved, or submitted plans that are awaiting a response from Alliance. To search for other treatment plans, click the **Filter** button. Click on the **Create** button to upload a new treatment plan.

Note the surrounding tiles will have information related to the patient you have uploaded the treatment plan for. You will receive a response from Alliance under the **Review/Comments** tile.

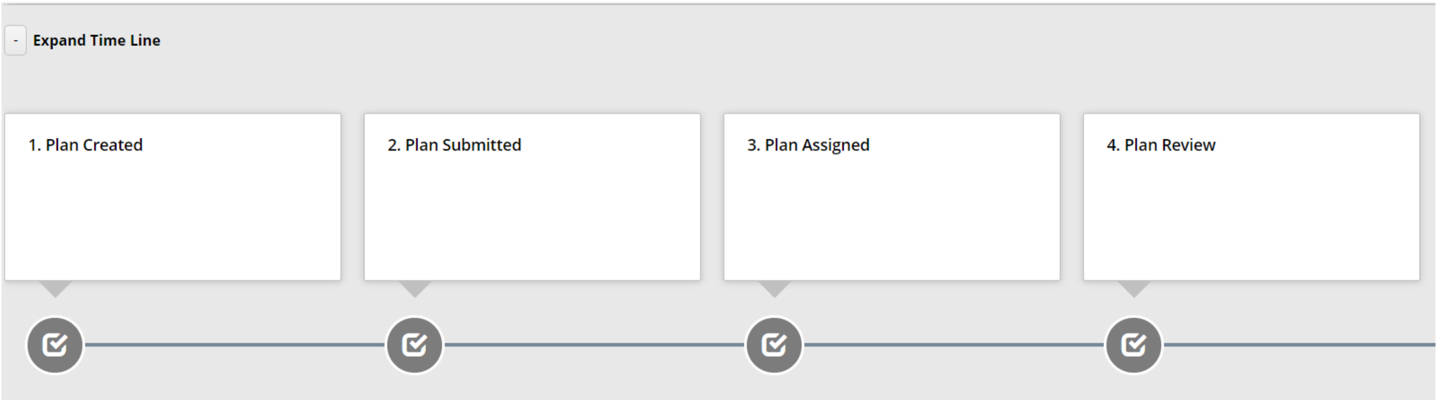
Click the arrow to the left of the **Tx Plan ID** to expand the record. Here you can **Take Assignment** of the plan, **Assign** it to another user if you have the permissions, or **Update** it if you are the assignee or have elevated permissions.

Click the **View** button to review the treatment plan.



Click **Create** to create a new treatment plan. Fill in the appropriate fields and upload any supporting documents in the **Clinical Documents** section.

When you're finished, click **Save** if you plan on making further changes. The treatment plan will show on **My Tx Plans** and you will be able to edit it. If you're done, click **Submit** to send it in for review. The plan will also show on the main screen but this will be for tracking purposes—you'll be able to see where the treatment plan is in Alliance review process but will not be able to edit it. Click **Expand Timeline** below the preatment plan box to view the steps and status of the treatment plan.

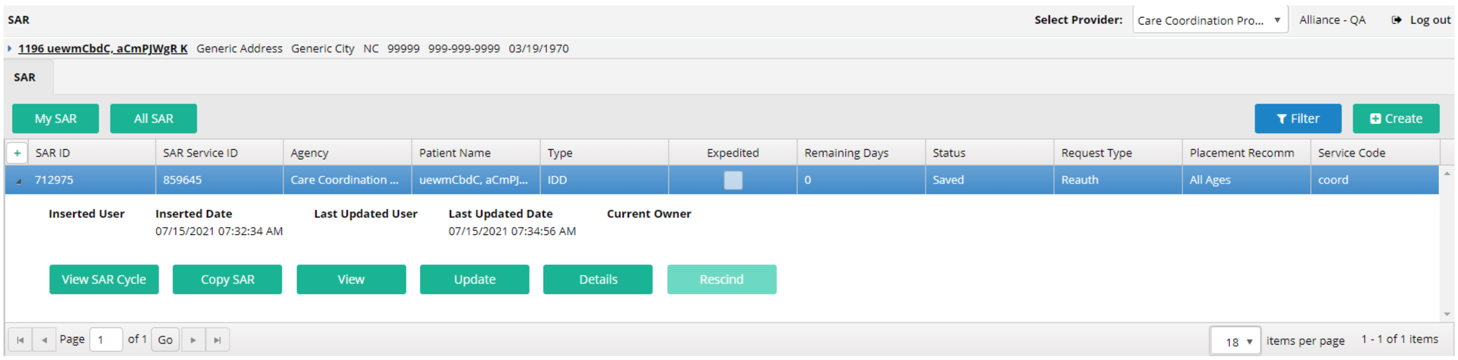


Authorizations

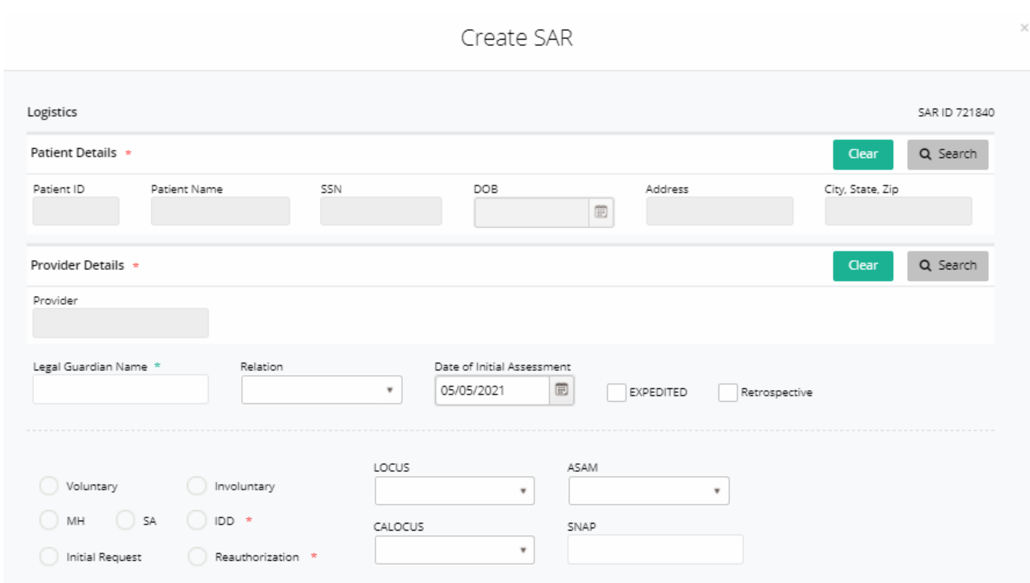
After creating a treatment plan, you're ready to get authorized for services. You can do this by filling out a Services Authorization Request, or SAR.

Completing the SAR

You can get to this module by going to **SAR**. This will open a screen with your SARs listed as the default view. Whichever line is highlighted on the **SAR** box is going to populate area below the title bar with information relating to that SAR. You can also click the arrow to the left of the SAR ID to view additional information and buttons.



SARs that have been saved, or have been submitted but are awaiting a decision by Alliance will appear in the queue. To search for other SAR's click the **Filter** button. To enter a new SAR, click the **Create** button. This will open the **Create SAR** window.



Enter the necessary information. Note that in certain fields it will not let you enter text. In these cases, there will be a **Search** button which will allow you to search for and/or enter data into those fields.

Throughout the system, when you begin to type into certain text boxes, autofill options may appear. Simply click on the correct option and it will populate the field.

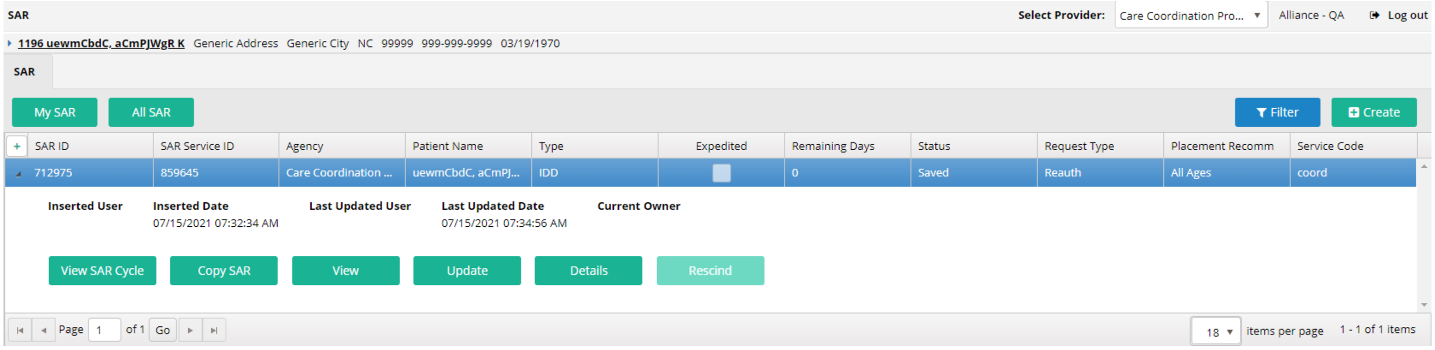
Use the **Clinical Documents** section to upload as much documentation as you feel is needed to support your case for authorizing the services you are requesting.

If you check the EXPEDITED checkbox, this will mark the request as high urgency for the reviewer. Do this **only** if the patient's life is in danger.

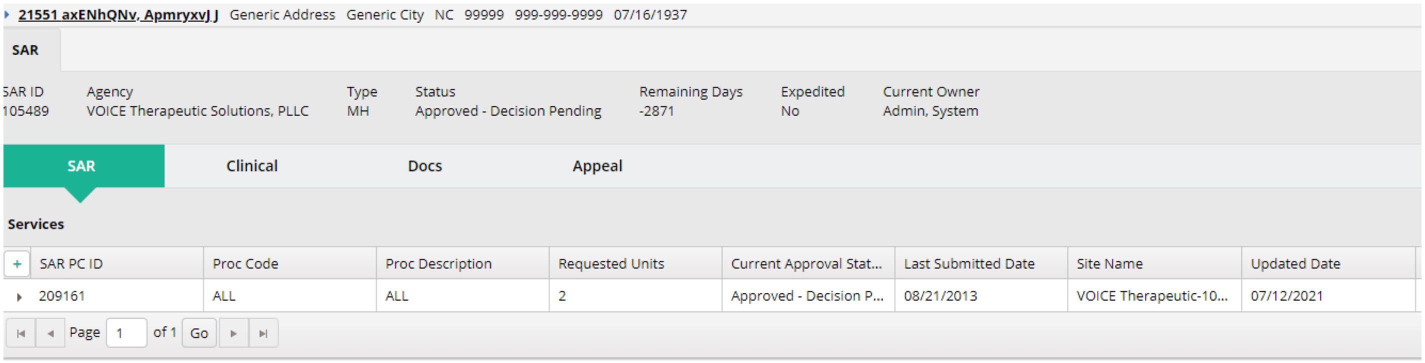
To submit the SAR for review, click the **Submit** button. If you plan on working on it further, click **Save**.

SAR Approval and Denial

Once a SAR has been created, you will be able to review the information by expanding the record. Click **View SAR Cycle** to see the status. Click **Details** for additional tabs and abilities to interact with the SAR. Alliance staff may contact you to ask questions about your SAR or request that additional information be uploaded to support the request.

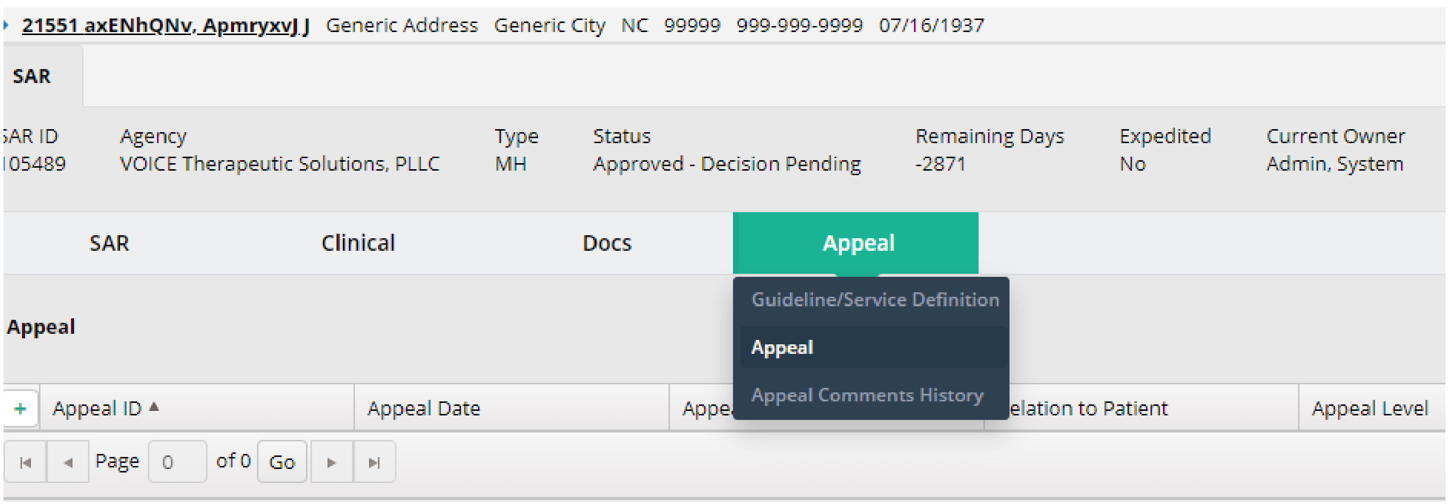


Once a decision has been made, you will find it under the **SAR** > **Details** > **SAR tab dropdown** > **Services**, which is the default view when you click **Details**. This will show whether Alliance has approved or denied your request, service by service.



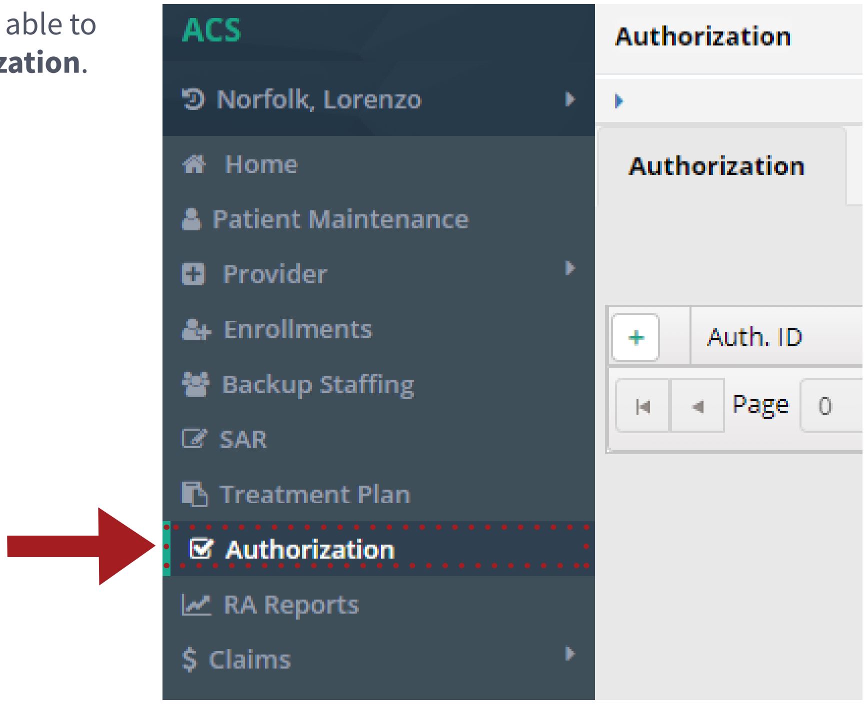
Appeals

If a decision is appealed, you can go to **SAR** > **Details** > **Appeal tab dropdown** > **Appeal** in the **SAR** module to see how it is progressing.



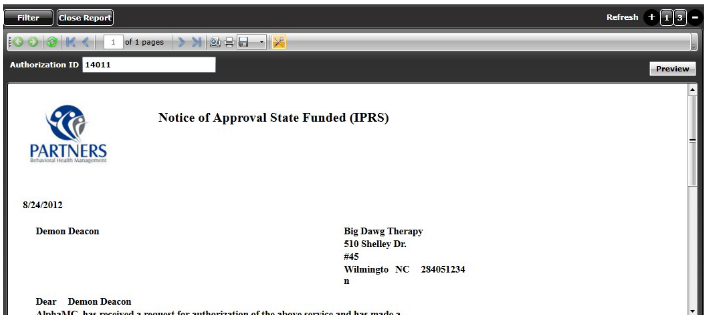
Printing the Authorization

Once a service on a SAR is approved, you're able to print the authorization by going to **Authorization**. Filter for the patient.



The patient 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.

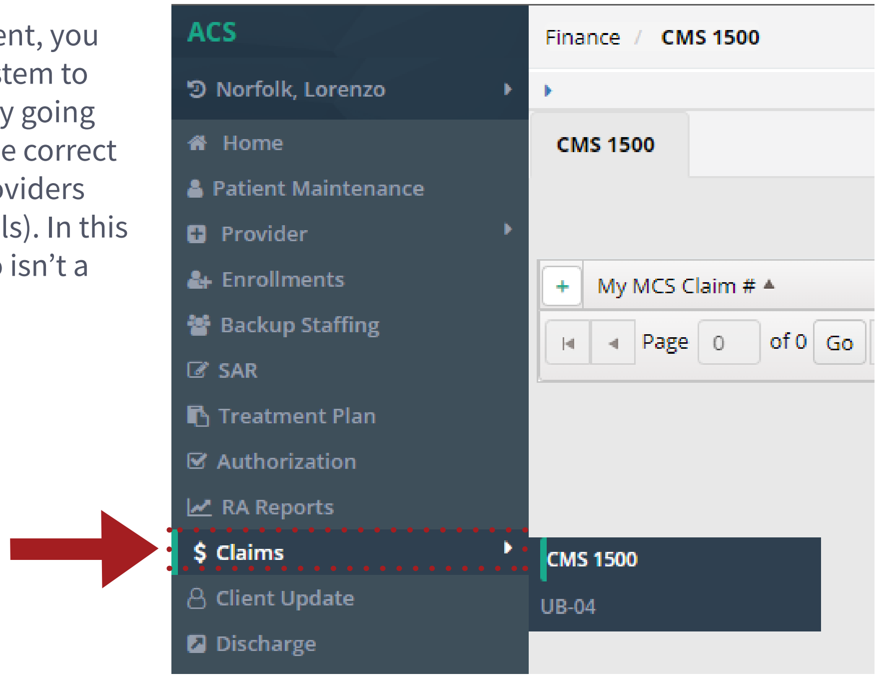


To print the letter, click the printer icon. You can also export the letter to a Word or PDF document to print.

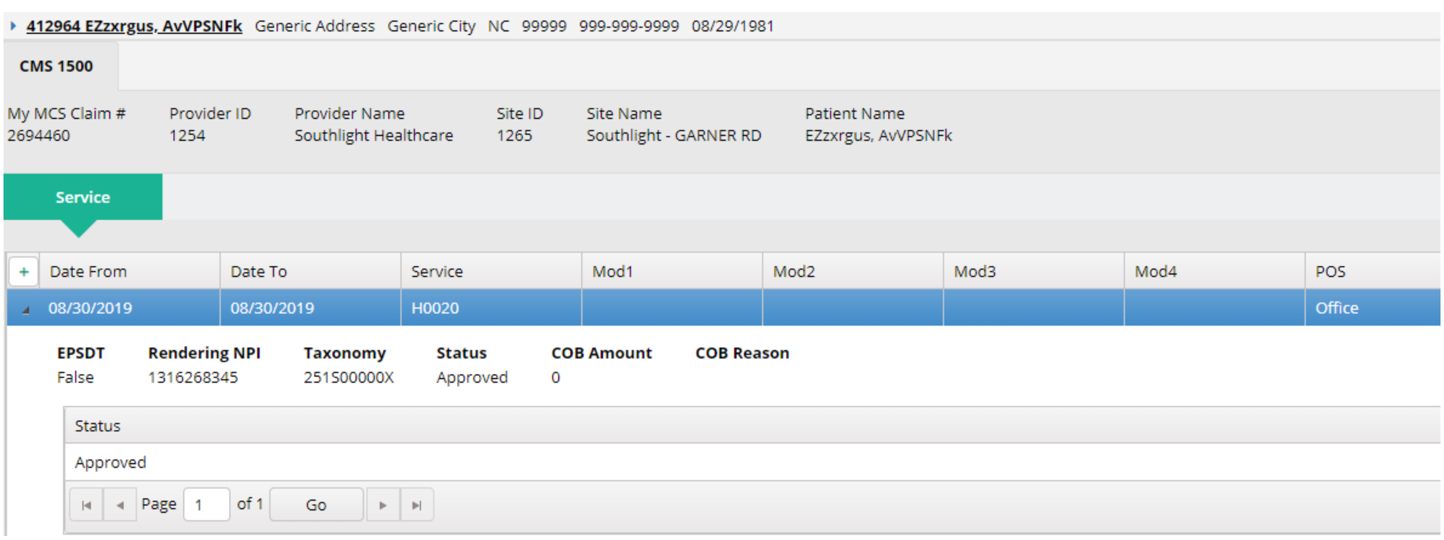
To get out of this screen, click the **Close Report** button at the top of the window.

Claims

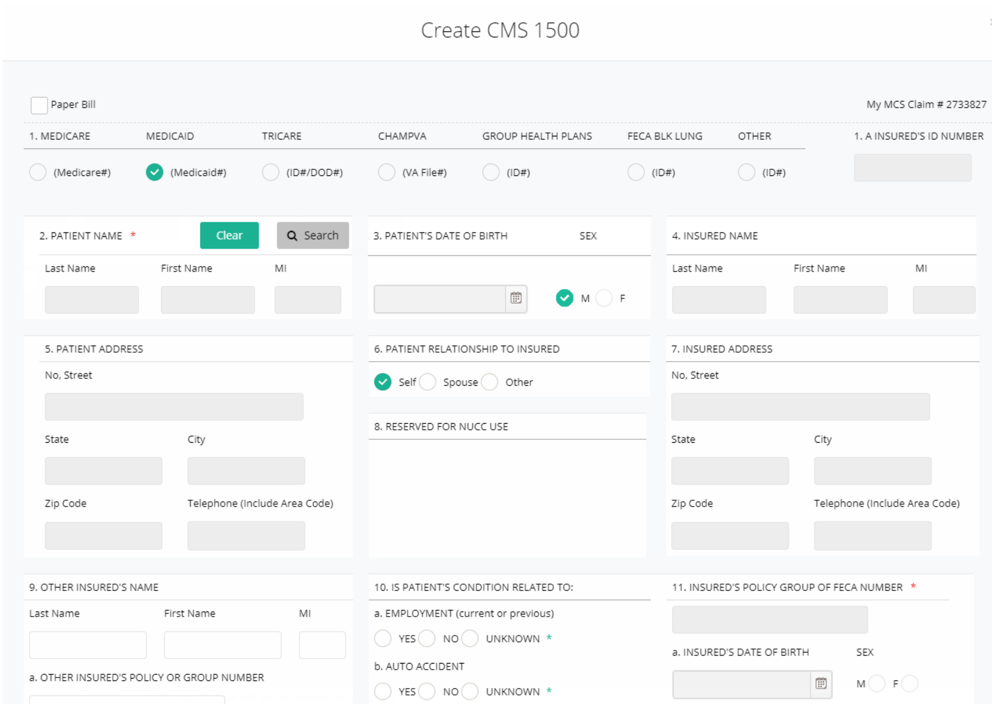
Once you begin providing services for a client, you will be able to enter claims through the system to be processed by Alliance. You can do this by going to **Menu**, then **Claims**, then by choosing the correct type of claim to process, **CMS 1500** (for providers who aren't hospitals) or **UB-04**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

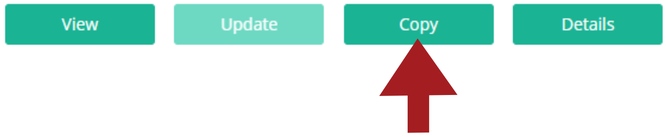
- **Print** will print the form.
- **Save** will keep the claim on your queue for 30 days.
- **Cancel** will cause you to leave the screen without saving.
- **Submit** will send the claim off to be processed.

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.

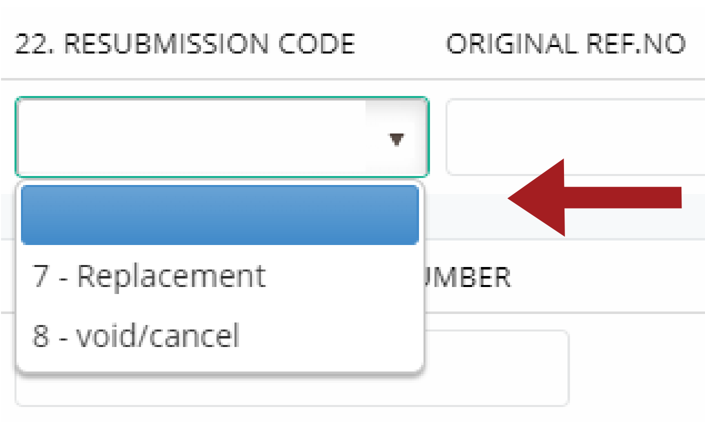
If you are entering a claim that is almost identical to one you have already entered, filter for the original claim, then hit the **Copy** button. It will copy the claim's info into a new form, where you can make any changes you want.

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.



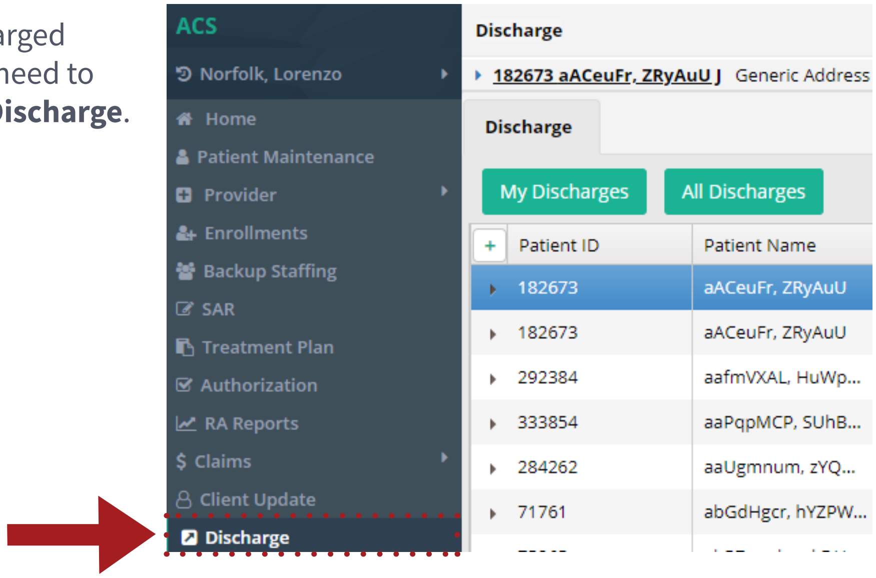
After you choose **Replacement** or **Void/Cancel**, enter the original claim number in the **Original REF. NO** field. This will tell Alliance which claim you're replacing or reversing. The original claim number can be found in the **Claim #** column on your RA or the **Claim Header ID** column on your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

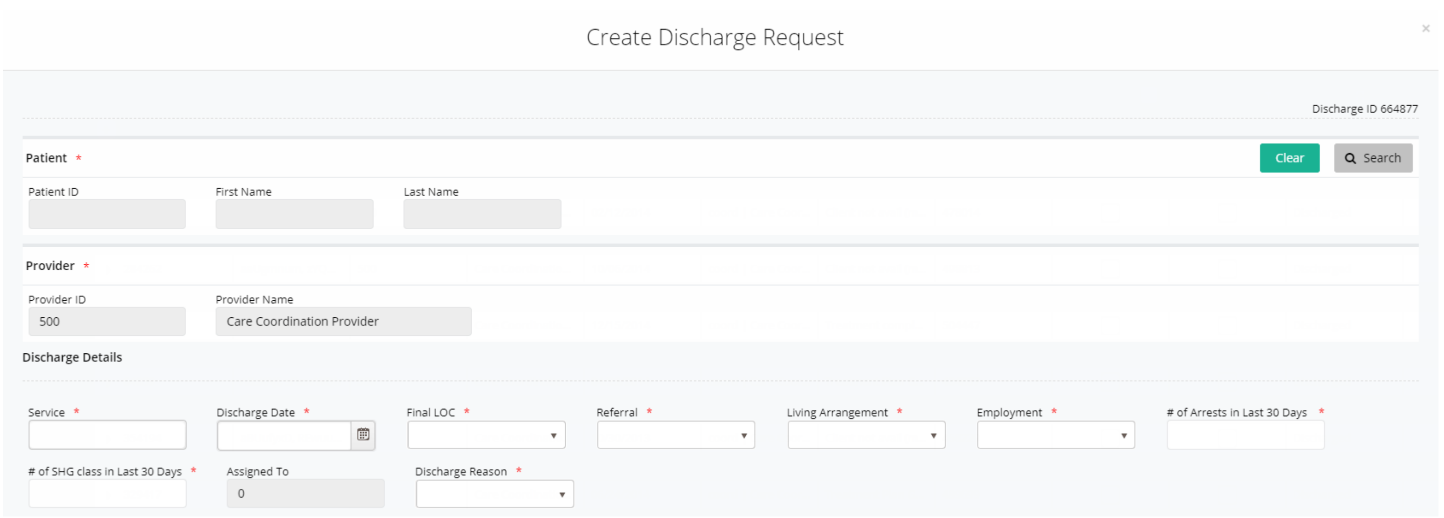
In the case of a replacement, make any necessary changes. Click **Submit**.

Discharge Requests

To request that a patient be listed as discharged from your company with Alliance, you will need to complete a discharge request. First, go to **Discharge**.



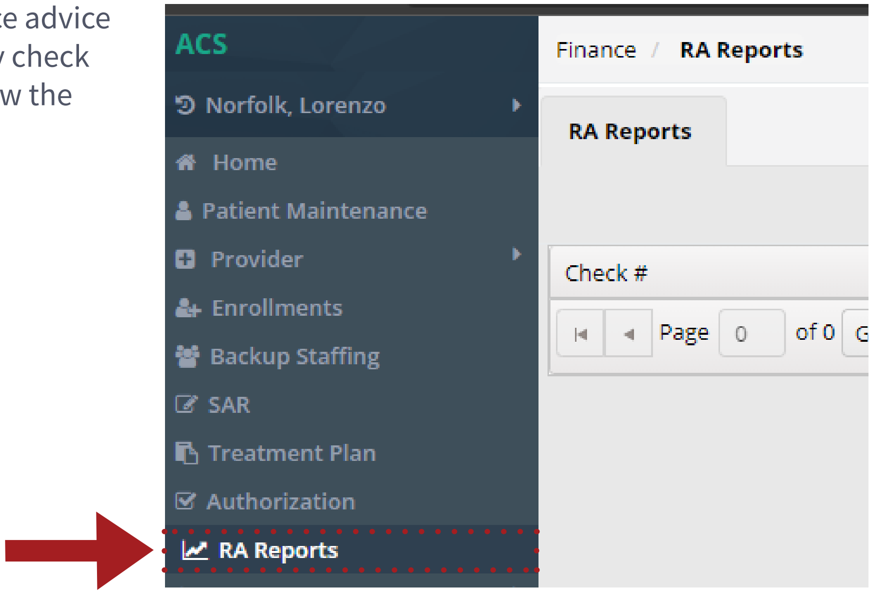
Note that any authorizations and claims will populate in the surrounding tiles if there is a pending discharge request. To create a request, click **Create**.



Enter the necessary information and any comments. To save the request without submitting, click **Save**. To submit the request, 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

This module allows users to reset their passwords and select when they want to be notified by e-mail in the event of Alliance taking action on something they have submitted.