alphaMCS

Provider Portal Handbook
WELCOME!

Welcome to AlphaMCS, 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:

The Basics
Provider Details
Provider Scheduler
Searching for a Patient
Enrolling a Patient
Requesting Clinical Updates
Treatment Plans
Authorizations
Claims
Discharging a Patient
Transactional Upload & Download Q
RA Reports
User Profile
BASIC FUNCTIONALITY

This section will give you an understanding of the basic functionality of the system: how to navigate through the database, how to view information and how to input information.

First things first…

If you use IE8, you’ll want to upgrade to IE9 for better functionality in the system. If you have Windows XP, you won’t be allowed to upgrade to IE9—that’s fine, just use Firefox or Chrome.

The best screen resolution is 1360 x 765. This will allow you to see all the tiles 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

Users will navigate the system by first clicking on Menu in the upper left hand corner of the screen. This will take you to the main menu drop down. At this point, select the module you would like to view.

Once you’ve selected a module, you will be presented multiple “tiles”. There will be one prominent tile that is larger than the others and is located on the upper left hand side. To enlarge this tile, click
on arrow in the upper right hand corner of it.

To make another tile the prominent tile, click on its title and drag into the main area.

Notice at the very top of this page is a bar explaining where you are in the system. If you click on the dropdown, it will tell you where you have been during the session and allow you to go back there in a single click.

Some pages will have tabs on the side. This allows multiple tiles on more than one page. The white tab is the current tab you’re viewing. Simply click on another tab to see another set of tiles.

**Viewing Information**

When looking at the tiles on a page, the prominent tile will automatically have the first selection highlighted. Whenever a row is highlighted, all surrounding tiles will display information.
corresponding to that row. For instance, if the prominent tile has a list of patients and the surrounding tiles show various pieces of patient information, that information will all be for the highlighted patient in the main tile.

Click on a different row and that new patient’s information will then be shown in the surrounding tiles.

For some tiles, there will be numbers towards the top of the tile. Clicking on these numbers allows you to view more information immediately on the list.

The higher the number, the more additional rows of information will be shown.

When you choose a higher number, a plus (+) and minus (-) sign will appear next to the numbers.

Clicking on the minus will allow you to view the top level of information ONLY for the selected record. The plus sign will cause the top level of information to show on ALL records.

Many tiles may also have a 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 trying to go to another module or you won’t be able to.
Putting in Information
If your company works with multiple MCO’s, you will have the ability to toggle between which MCO you are submitting information to, or viewing information from.

You can choose the MCO by looking in the User Visit History bar and clicking on the MCO dropdown.

Once you have chosen the correct MCO, you can move forward.

In most cases, inputting data into fields is as simple as typing into them. However, there are a few cases in which you will need to either 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.
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.

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.
**PROVIDER DETAILS**

This module allows you to view the information that the MCO has on file for your company. There are tabs in this module: **Base**, **Site**, **Site Mapping**, and **Contract**, each with multiple tiles.

On the **Base** tab, you will see your company’s name, as well as 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 indepth 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 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.
<table>
<thead>
<tr>
<th>Contract ID</th>
<th>Site</th>
<th>Service Code</th>
<th>POS Desc</th>
<th>License Group Desc</th>
<th>Rate</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>The Dogg Pound</td>
<td>9001 Clinical Evaluation/Inta</td>
<td>ALL</td>
<td>ALL</td>
<td>174.13</td>
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<td>73</td>
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</tbody>
</table>
When an MCO 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 that they can handle referrals. You are able to set these up in the Provider Scheduler so that the MCO knows your availability and can schedule appropriately. This schedule should be updated on your end by going to Menu, Provider Scheduler.

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 Site 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 you’re availability starts. For instance, if I’m available from 9am-12pm, I would double click on the calendar at the 9am time.
You can now enter the appointment information. Enter a subject, as well as an optional description. Next 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. Finally, 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 look correct, hit the Save button. Once you do this, rows will appear underneath the Save button.

Once slots begin being scheduled by the MCO, you will be notified by e-mail. You can go to the appointment and double click on it to check the Acknowledgement checkbox so the MCO 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 MCO side once saved.
Note also that the block changes colors as the MCO begins to reserve slots:

- If a block is **GREEN**, that means all the slots in it are still available. For example, if all three slots 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 their 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 & DOB 2) Last Name & SSN   OR   3) Last Name & 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 the MCO 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 **Base** tile. Pressing the **Submit** button sends the form to the correct MCO 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 **Menu**, Clinical Updates.

Any saved client update requests (CUR’s), or ones that have been submitted and are awaiting a decision by the MCO, will appear here. To search for other CUR’s, click the **Filter** button on the **Base** tile. 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 next to the Patient ID 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 enter their last name, as well as their DOB, SSN or Insurance #, 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 the MCO 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 the MCO.
TREATMENT PLANS

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

The Base tile will show any plans that have been saved, or that have been submitted and are awaiting a response from the MCO. To search for other treatment plans, click the Filter button on the Base tile. 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 the MCO under the Review/Comments tile.

The Patient tab will show you information on the highlighted patient.
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 your **Base** tile 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 your **Base** tile but this will be for tracking purposes—you’ll be able to see where the treatment plan is in the MCO review process but will not be able to edit it.
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 Menu, SAR. This will open a screen with multiple tiles and tabs. Whichever line is highlighted on the SAR tile is going to populate the surrounding tiles with information relating to that SAR. This is also true when you click on other tabs—the information in those tiles will still correspond to whichever SAR is highlighted in that SAR tile.

SAR’s that have been saved, or have been submitted but are awaiting a decision by the MCO will appear in the queue. To search for other SAR’s click the Filter button on the SAR tile. To enter a new SAR, hit the Create button. This will take you to the SAR Entry page.
Enter the necessary information. Note that in certain fields, it will not let you enter text. In these cases, there will be either a Search button or a + 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.

Click the Upload File button to upload as much documentation as you feel is needed to support your case for authorizing the services you’re 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 & Denial

Once a SAR has been created, you will see its corresponding information populate the tiles around it as you click through the tabs. MCO staff may contact you to ask questions about your SAR or request that additional information be uploaded to support the request. These comments from the MCO will appear in the SAR Comments History tile.

Once a decision has been made, you will find it under the SAR tab, in the Services tile. This will show you the MCO’s decision, service by service, on if they have approved or denied your request.

Appeals

If a decision is appealed, you can go to the Appeal tile under the Appeal tab 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 **Menu, Authorizations**. Filter for the patient.

The patient may have multiple authorizations. Make sure you have the one highlighted that you want to print. Click on the 3 in the upper righthand corner of the tile to view more information and get to the action buttons.

Click on the **Print** button to view the authorization.
To print the letter, click the printer icon OR you can 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 tile.
Once you begin providing services for a client, you will be able to enter claims through the system to be processed by the MCO. 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 Base tile 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. The Service tile underneath will show what services are linked to that claim. The Status tile shows you the status of the highlighted service.

Click on the Create button to enter a new claim.
At the bottom of the form, you will be presented with three options:

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

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

**Replacing and Reversing Claims**

You’re able to do this in the system by first filtering 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**. In fact, the only difference is that if you want to replace/reverse a claim, you would simply go to #22 and enter the action you’re taking.
Replacement: Replacing a claim tells the MCO that the information you sent in the first time was incorrect and that this new claim has the correct info. If it paid the first time, that money will be recouped by the MCO and you will be asking for it again in this claim. If it didn’t pay, you are essentially just resubmitting the claim for MCO approval.

Reversal: Reversing a claim tells the MCO you entered the wrong info in the original claim and you want them to recoup the money paid, and that you’re not sending any other claim to try to recollect that money.

In the case of a replacement, make any necessary changes. Finally, click Submit.
DISCHARGE REQUESTS

To request that a patient be listed as discharged from your company with the MCO, you will need to complete a discharge request. First, go to Menu, 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 only save the request, uncheck the Submitted...
checkbox, then click **Save**. If you want to go ahead and submit the request, you only need to click **Save**.

If you have a saved request that you want deleted, click on the ![trash can](trash_can_icon.png), then click the **Update** button. Go to the bottom of the request and uncheck the **Active** checkbox, then click **Save**.
TRANSACTIONAL UPLOAD & DOWNLOAD Q

The Transaction Q module allows you to upload files, such as 837 files which contain the claims you want the MCO to process, into their system.

Click the Upload File button, choose the file from your local computer and click the Save button.

The Download Q module allows you to download files your MCO has waiting for you.

Files that will be available are:
- Response files – 999’s, 824’s and 277’s
- 835’s
- Current Client Dumps (Current_Client_) – runs daily. This shows all clients for which the provider has submitted claims, has an authorization, has an enrollment, has an appointment, has a SAR, has a client update request, or is marked as the clinical home.
- Current Auth Dumps (Current_Auths_) – runs daily. This shows info for authorizations that have not ended within the last 90 days.
- Current Claims Dumps (Current_Claims_) – runs daily. This shows all claims inserted within the last year.

If 835’s aren’t showing on your Download Q, check your Provider Details module. On the Base tab, if your company doesn’t have Certified for EDI checked OR if that is checked but there’s a clearing house chosen, you will not receive 835’s from the system.

Exporting from the Download Q
To export from the Download Q, click on the checkbox to the left of the doc you want to download, then click the Download button.
Note that the MCO the file is from is listed in the file name right before the ‘.txt’. If you are contracted with multiple MCO’s you will receive the same file (in this case, the client dump) daily from each MCO.

When you click the Download button, it will may ask you if you want to leave the page or not. Click Leave this Page.

After the file has been downloaded, it will either show at the bottom of your screen or a pop-up will display asking if you want to open or save it. Click Open. If it asks what you want to open it in, choose Excel.

If you’re not given the option, you can open the file in it’s .txt version. When it’s open, go to File on the menu bar and choose Save As.

You’ll want to resave the file name by taking out the .txt and putting in .xls instead. When you’re done, click Save. Don’t worry about the Save as type dropdown.
Go to where you saved the file and open it. Click on the A column,

then go to your Menu Bar and click Data.

Next, click the Text to Columns button.

There will now be a series of pop-ups. Select Delimited from the screen and click Next.

In the following screen, uncheck Tab and check Other. Then enter a solid vertical line in the text box. This line can be found on your keyboard just above the Enter key. Click Shift and this key to enter the line into this text box, then click Next.

On the next screen, select General, then click Finish. You will now see the report in a more easy to read format.
RA REPORTS

This module allows users to view Remittance Advice reports from a certain time frame or by check number.

![RA REPORTS Module](image)

USER PROFILE

This module allows users to reset their passwords, as well as identify when they want to be notified by e-mail in the event of the MCO taking action on something they have submitted.