

Provider Billing MH User Guide (v.2)

June 2016

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Section One: Introduction

Welcome to Riverside University Health System, Behavioral Health “ELMR” system, which stands for **Electronic Management of Records**. Effective July 1, 2016, all Mental Health Contract Providers will be able to access the County’s ELMR system after opening a Virtual Private Network (VPN). (Review **ELMR System Requirement** user guide – Section 5) Providers will be able to view service authorizations, enter consumer’s diagnosis, and Client Service Information (CSI).

Note: [Java](#) must be installed on computer first before ELMR can be accessed. Please refer to *ELMR System Requirements User Guide*.

ELMR Sign-in

Enter the **Provider Authentication** information:

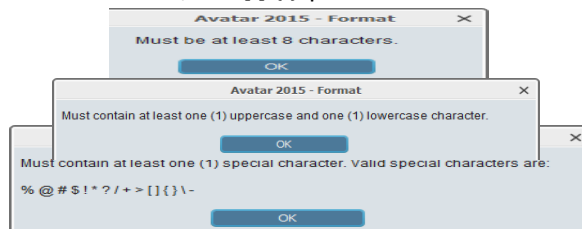
- **Server** – Default: MyAvatar Live
- **System Code**- This will always be **LIVE** in all caps.
- **Username**- Enter the user account. (in most cases it is the same username as Provider Connect)
- **Password**-
 - Initial logon: Type in system generated password “123”.
 - User Access: User Defined personal Password.

- Select “Sing In” command button

- System generated passwords will prompt the message below and prompt user to select “OK” to enter a new user defined personal password.



- **New Password Entry**: Requires that the new password be no less than 8 characters, of which at least one of the characters are uppercase and one lowercase, as well as it must include one special character. Valid special characters are: % @ # \$! * ? / + > [] { } | -



Home Page (Contract Providers Caseload)

The Home Page or Providers Caseload page will display a list of all consumers assigned to the logged on agency. This home page will also allow navigation through command buttons to access the service entry and reports request screens. A print page and refresh command button are also available on this page.

The **PATID** (patient identification number assigned by ELMR during registration) is a hyper link to access the individual consumer's data/chart.

All **headers** on this page allow the end user to **sort** by individual column. End User can review consumers by 'Open' episode "Status" or by consumer "Lastname".

When exiting ELMR select "Sign Out" not the "X".

PATID	Lastname	Firstname	Gender	Date of Birth	Program	Caseload Start Date	Caseload End Date	Status
950645162	TESTDATA	TEST	Female	01/05/1987	ZZZTEST MFI SU CONTRACT TEST PROGRAM	07/01/2015		Open
950645162	TESTDATA	TEST	Female	01/05/1987	Riverside SU AB109 ODF 333489	07/01/2015	07/01/2015	Closed

Consumer Chart View

Select the **PATID #** to open the individual consumer's data for viewing.

This page will display the following for the consumer:

- **Demographics Box:** *DOB, Gender, Primary Language, SSN and Caseload Start Date*
- Access to ELMR Forms (See Section 2)
 - **View Auths:** *Service Authorization*
 - **View Diagnosis:** *Diagnosis Entry*
 - **CSI:** *CSI Admission*

TESTDATA,TEST (950645162) Episode NUMBER: 10

Date of Birth: 01/05/1987 Gender: Female Primary Language: English SSN: 000-00-0000

Caseload Start Date:
07/01/2014

Caseload >> TESTDATA,TEST (950645162)

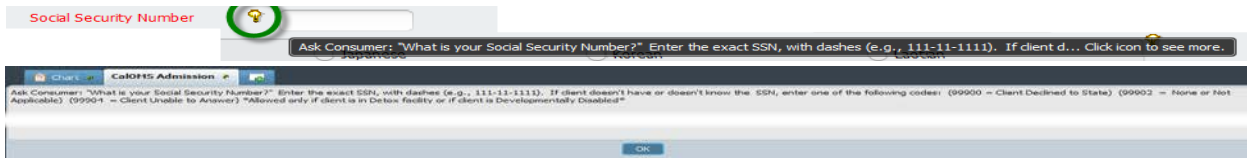
[View Auths](#)

[View Diagnosis](#) 04/13/2016 by CHANG.MICHAEL(803662) with Major depressive disorder, single episode

[View CSI](#) CSI Last Updated On 2016-05-16

Navigation Tools

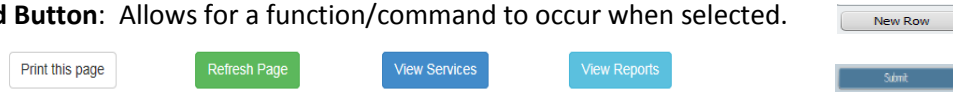
1. **Light Bulbs:** Hovering over the lightbulb will display the first row of the help message. Double-clicking the lightbulb will open a message box with the entire help message.



2. **Dropdown List:** Allows for a single selection. Highlight the row to select the value.



3. **Command Button:** Allows for a function/command to occur when selected.



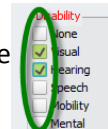
4. **Free-Text Field:** Allows for free text entry.



5. **Radio Button:** Allows for a single selection by selecting the circle before the value.



6. **Check-Box:** Allows for multiple selections by selecting each applicable box before the value



7. **Multiple Iteration Table:** Allows for rows to be added to display multiple entries.

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary (1) Alcohol abuse, unsp...	Active (1)		Axis I (1)		1	305.00	F10.10
2		Active (1)				2		

8. **Red Required Field Name:** Field names in red font are required fields. Forms cannot be submitted or finalized without answering each required field.

Status

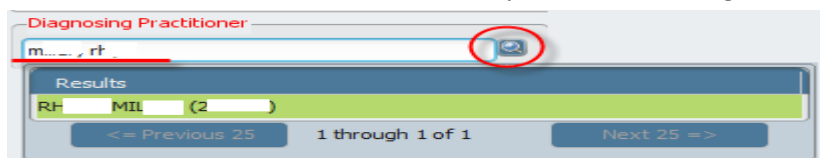
9. **Hovering** over headers or displayed information can provide additional information.

Diagnosis Missing **Diagnosis Must Be Entered To Bill**

10. **Dialog Box:** Error or Warning messages will pop-up/display after end user entries.



11. **Process Search:** Free Text field that will search system for matching data to populate in field.



Section Two: ELMR Forms

Select the form name option to view corresponding page.

- **View Auths:** Access to view approved service authorization number, date range, program (RU) and account (dept. ID). Provider to review accuracy of service authorization prior to entering services.
- **View Diagnosis:** *'Diagnosis Missing'* in red will display, when applicable. When a diagnosis has been entered/filed the latest submitted date will be displayed. Access to view entered diagnosis detail and ability to "Add Diagnosis".
- **CSI Admission:**

View Auths	
View Diagnosis	Diagnosis Missing
View CSI	CSI Missing

View Authorizations (Service Authorization)

All Auths for the individual consumer will be displayed in order of most current authorization. End User can access each service authorization's detailed information by selecting the blue "Auth Number".


Caseload >> TESTDATA,TEST (950645162) >> All Auths			
Auth Number	Auth Start Date	Auth End	Program
75865	07/01/2012	08/31/2016	ZZZPROGRAMELMR
270878	04/26/2016	06/30/2016	DPSS FFS MD

Open auth to review for appropriate date range, provider program (RU) and service code(s)/unit(s) authorized. This page will also display the remaining units per service code, based on previously entered/billed units.

Caseload >> TESTDATA,TEST (950645162) >> All Auths >> 75865

Auth #:75865	Auth Status: Approved	Funding Source: Mental Health(1)
Begin Date: 07/01/2012	End Date: 08/31/2016	Provider Program: ZZZPROGRAMELMR
Code Authorized(1): 90862MD	Units Authroized(1): 6000	Estimated Liability Code(1): 0
		Remaining Units(1): 6000

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▶ The **Remaining Units** section will display a warning symbol  and message (when scrolled over) to warn on CPT codes that are over in units.

Code Auth.(1): 360	Units Auth.(1): 5000	Est. Liab.(1): 13050	Remaining Units(1): 1400
Code Auth.(2): 363	Units Auth.(2): 2000	Est. Liab.(2): 5220	Remaining Units(2): 75
Code Auth.(3): 520	Units Auth.(3): 2000	Est. Liab.(3): 4040	Remaining Units(3): 290
Code Auth.(4): 590	Units Auth.(4): 2000	Est. Liab.(4): 4040	Remaining Units(4): 435
Code Auth.(5): 96101	Units Auth.(5): 2000	Est. Liab.(5): 5220	Remaining Units(5): 2000
Code Auth.(6): 90201	Units Auth.(6): 1000	Est. Liab.(6): 4820	Remaining Units(6): 1000

Warning

Units Authorized 2000
- Units Claimed 1710

Units Remaining 290
- Units in Draft 435

Units Over -145

View/Add Diagnosis

Page will display the diagnosis entered for each episode and sorted by most recent at top. End User will have access to “**Add Diagnosis**”. If an error is found after the diagnosis form has been submitted, Provider is to notify their Admission Entry point of contact for errors, so that the incorrect information can be voided. Provider will ‘add’ a new diagnosis to replace the incorrect/voided diagnosis.

Caseload >> TESTDATA,TEST (950645162) >> All Diagnosis

Add Diagnosis

Date of Diagnosis	Type of Diagnosis	Diagnosing Clinician	Primary Diagnosis
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▶ Select Add to enter a new diagnosis



The screenshot shows a window titled 'Diagnosis' with a table of existing entries. The table has columns for 'Date of Diagnosis' and 'Type of Diagnosis'. The entries include dates from 09/12/2011 to 01/09/2014 with various 'Update' and 'Admission' types. At the bottom of the window, there are three buttons: 'Add', 'Edit', and 'Cancel'. The 'Add' button is circled in red.

Follow the diagnosis entry process, described below.

- ▶ Complete the Diagnosis Form. The fields in RED are required. **Type**, **Date**, and **Time of Diagnosis** must be entered first before continuing.

Please ensure that you answer all applicable consumer information.

The screenshot shows the 'Diagnosis' form in a software application. The form is divided into several sections. On the left, there is a sidebar with 'Diagnosis' and 'Additional Diagnosis Inf...' options, a 'Submit' button, and 'Online Documentation'. The main area contains the following fields:

- Type Of Diagnosis:** Radio buttons for 'Admission' and 'Update'. A red arrow points to this field.
- Date Of Diagnosis:** A date picker with 'T' (Time) and 'Y' (Year) buttons. A red arrow points to this field.
- Time Of Diagnosis:** A time picker with 'Current', 'H' (Hour), 'M' (Minute), and 'AM/PM' buttons. A red arrow points to this field.
- Diagnoses Table:** A table with columns: Ranking, Description, Status, Estimated Onset, Classification, Resolved, Bill Order, ICD-9 Code, ICD-10. Below the table are 'New Row' and 'Delete Row' buttons, and a 'Show Active Only' checkbox (Yes/No).
- Diagnosis Search:** A search box with a magnifying glass icon.
- Status:** Radio buttons for 'Active', 'Rule-out', 'Resolved', and 'Void'.
- Resolved Date:** A date picker.
- Ranking:** Radio buttons for 'Primary', 'Secondary', and 'Tertiary'.
- Code Crossmapping:** A dropdown menu.
- Is Diagnosis Selected Axis I or II:** A dropdown menu.
- Diagnosing Practitioner:** A text input field with a magnifying glass icon.

- ▶ **Type of Diagnosis** – This field box has 2 choices: **Admission** and **Update**. If this is the first diagnosis for the client’s episode, select Admission.

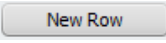
This close-up screenshot shows the 'Type Of Diagnosis' field. The 'Admission' radio button is selected, and the 'Update' radio button is unselected.

- ▶ **Date of Diagnosis** – Enter the diagnosis date in this format: **mm/dd/yyyy**.

This close-up screenshot shows the 'Date Of Diagnosis' field. It features a date picker with 'T' (Time) and 'Y' (Year) buttons.

- ▶ **Time of Diagnosis** – Enter the time of diagnosis. If the time of the diagnosis is the current time of data input, click “Current”. If the time of diagnosis needs to be entered via the scroll button, click the scroll button next to the H (for hour), M (for minute), and AM/PM accordingly.

Note: Once the Type, Date, and Time of Diagnosis have been entered, you may begin to document a diagnosis.

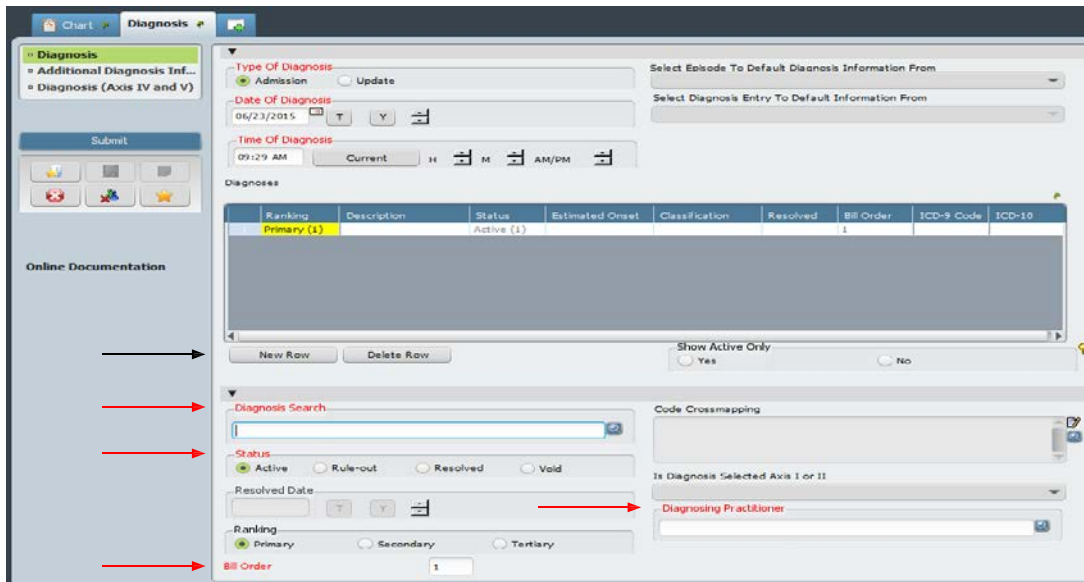
► Click on the **New Row** button  under the **Diagnoses** field to be able to enter a diagnosis. *(You will not be able to continue filling out the form if you do not add a new row first).*

Performing this action will activate the **Diagnosis Search**, **Status**, **Bill Order**, and **Diagnosis Practitioner** as additional required fields.

Diagnosis	ICD-9	ICD-10	DSM-IV
Bipolar I disorder, single manic episode	296.00	F30.9	Bipolar I disorder, single manic episode, unspecified
Bipolar I disorder, single manic episode, mild	296.01	F30.11	Bipolar I disorder, single manic episode, mild
Bipolar I disorder, single manic episode, moderate	296.02	F30.12	Bipolar I disorder, single manic episode, moderate
Severe bipolar I disorder, single manic episode	296.03	F31.13	
Severe bipolar I disorder, single manic episode with psychotic features	296.04	F30.2	Bipolar I disorder, single manic episode, severe with psychotic features
Bipolar I disorder, single manic episode, in partial remission	296.05	F30.6	Bipolar I disorder, single manic episode, in partial remission
Bipolar I disorder, single manic episode, in full remission	296.06	F30.8	Bipolar I disorder, single manic episode, in full remission
Manic disorder, recurrent episode	296.10	F31.89	Bipolar I disorder, most recent episode manic with or without full interepisode recovery
Manic disorder, recurrent episode, mild	296.11	F30.8	Bipolar I disorder, most recent episode manic with or without full interepisode recovery
Manic disorder, recurrent episode, moderate	296.12	F30.8	Bipolar I disorder, most recent episode manic with or without full interepisode recovery

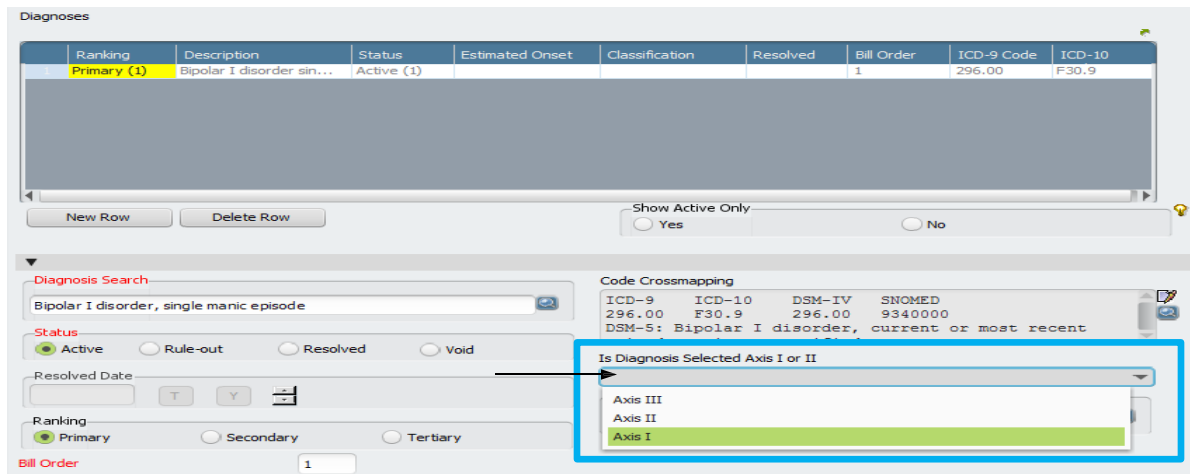
► **Diagnosis Search** (Axis I- primary Required Field) - This is a file-lookup data element. Enter the first and primary diagnosis code or name of the diagnosis in the white box below; highlight the appropriate diagnosis that needs to be entered. *(Make sure the diagnosis being chosen has both an ICD-10 and DSM-IV code in their respective columns).*

► Once confirmed, press enter or double click to use as the diagnosis.

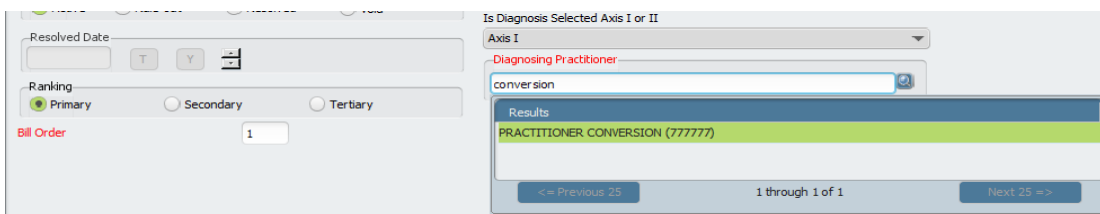


Once a diagnosis has been selected the **Status** field will automatically default to **Active**; the **Bill Order** will also default to **1**. You can also verify that the diagnosis chosen has an ICD-10 and DSM-IV code by looking in the **Code Crossmapping** field.

► **Is Diagnosis Selected Axis I or II** – Click on this field to bring up the drop down menu, select the appropriate axis for the diagnosis. Choose only Axis I or Axis II as the only valid choices.



► **Diagnosing Practitioner** (Required Field) – This is a file look up field and is required. Enter a diagnosing practitioner in the box underneath **Diagnosing Practitioner**. Highlight the correct practitioner and press enter or double click.



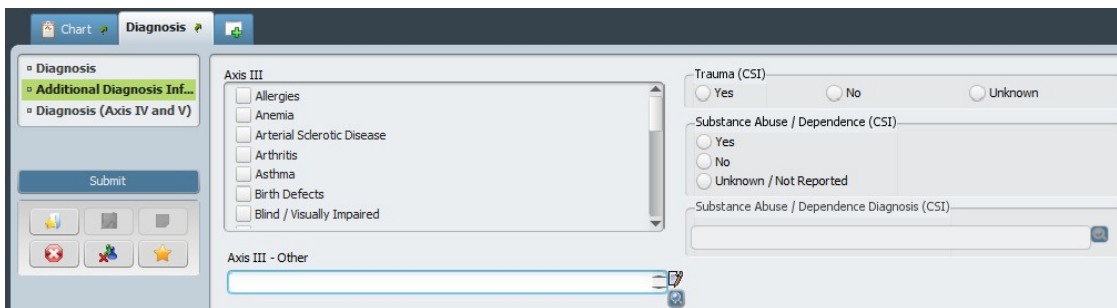
For all additional Axis-I and Axis-II diagnoses repeat the previous steps.

You will have the option under the ranking field to select if the diagnosis is secondary or tertiary (There can only be one primary diagnosis for billing purposes).

In addition, there is the option to specify the billing order for each secondary and tertiary diagnosis, if not specified, the **Bill Order** will default to the order in which the diagnoses were listed.


Additional Diagnosis Information Tab

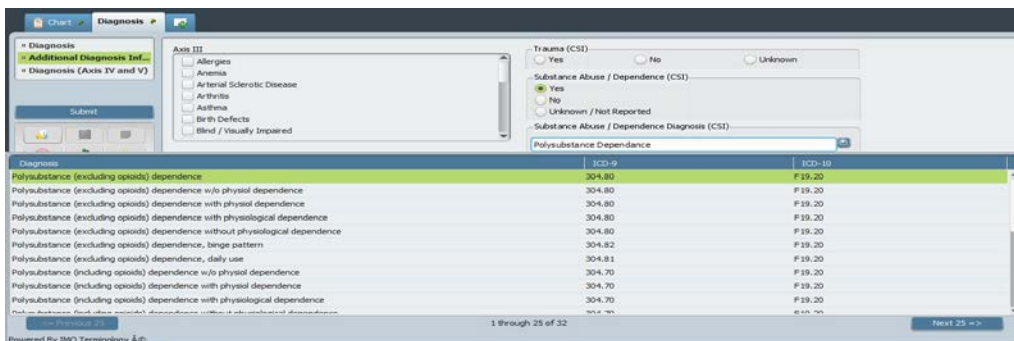
- ▶ **Axis III General Medical Condition Summary Code (CSI)** – Click up to 3 general medical conditions as indicated. Be sure to use the scroll button to scroll through the other conditions for review.
- ▶ **Axis III- Other** - Enter any additional general medical conditions that are not found in the scroll down list into the **Axis III - Other** box.
- ▶ **Trauma** – This is a CSI collected field. Click Yes, No, or Unknown as indicated.



- ▶ **Substance Abuse/Dependence (CSI)** – Click Yes, No, or Unknown/Not Reported as indicated.

Clicking the Yes button will enable the **Substance Abuse/Dependence Diagnosis (CSI)** field.

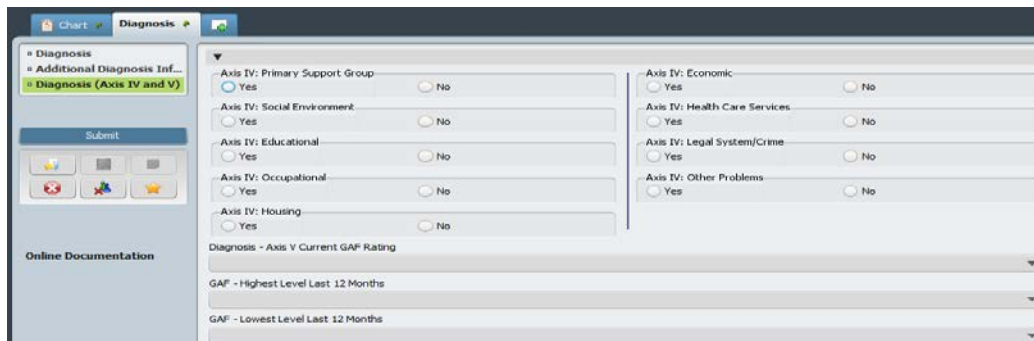
- ▶ **Substance Abuse/Dependence Diagnosis (CSI)** - If yes, type the diagnosis in the white box under **Substance Abuse/Dependence Diagnosis (CSI)**. Click the search icon , and highlight the correct diagnosis. Press enter or double click to use as the diagnosis.



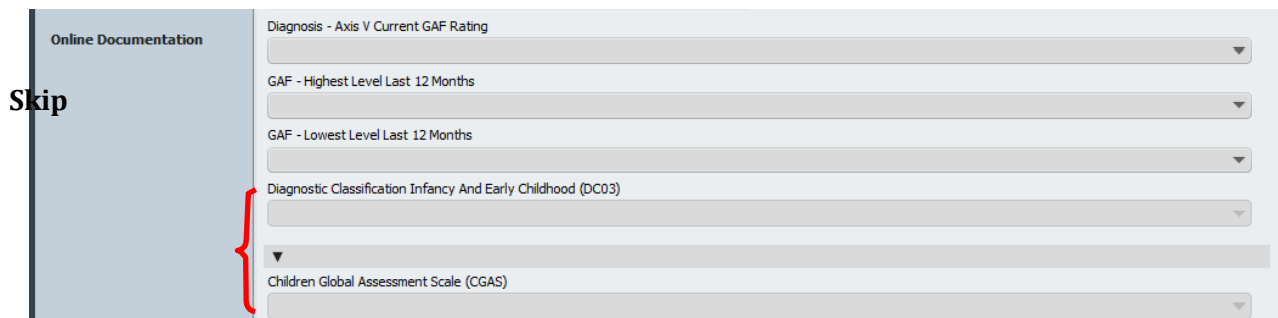
Diagnosis (Axis IV and V) Tab

*If using a DSM-IV diagnosis, complete all 5 axis.
If using a DSM5 diagnosis, only enter the diagnosis (as there are no axis)*

- ▶ **Axis IV** fields are simple yes and no boxes used for indicating whether there are psychosocial or environmental problems that may affect the diagnosis or treatment of the client.
- ▶ **Axis IV Fields** - Click Yes or No if a problem with each respective Axis IV field is indicated.



- ▶ **Axis V** fields are drop down menus for recording GAF scores.
- ▶ For the **Diagnosis - Axis V Current GAF Rating**, **GAF - Highest Level Last 12 Months**, and **GAF - Lowest Level Last 12 Months** fields click on the box under each, and highlight the appropriate rating. Press enter or double click to select.



Note: *The Diagnostic Classification Infancy and Early Childhood and Children Global Assessment Scale fields do not need to be completed and should be skipped.*

CSI

The Client Service Information (CSI) is a State reporting requirement.

TESTDATA,TEST (950645162) Episode NUMBER: 11

Date of Birth: 01/05/1987 Gender: Female Primary Language: English SSN: 000-00-0000

Caseload Start Date:
06/01/2014

Caseload >> TESTDATA,TEST (950645162) >> All CSI

Add CSI ←

Birth Name	Month/Year of Birth	Responsible County	County of Birth	State of Birth
Riverside University Health System - Behavioral Health				

- ▶ Complete all the required and applicable data fields.

Chart CSI Admission

CSI Admission

Submit

Online Documentation

Birth Name (Last)

Birth Name (First)

Birth Name (Middle)

Year Or Month/Year Of Birth

Birth Name (Suffix)
 Sr Jr III IV V VI

Mother's First Name

Fiscally Responsible County For Client
Riverside

Place of Birth - County
Riverside

Place of Birth - State
California

Place of Birth - Country
United States

CSI Ethnicity
 Not Hispanic or Latino
 Unknown / Not Reported
 Hispanic or Latino

Special Population
 Assisted Outpatient Treatment service(s) (AB 1421)
 (AB 3632) Individualized education plan (IEP) required service(s)
 Governor's Homeless Initiative (GHI) service(s)
 No special population services
 Welfare-to-work plan specified service(s)

Legal Class (Inpatient Only)

County School District (IEP)

Admission Necessity Code (Inpatient Only)
 Emergency
 Planned (Prior Authorization)
 Unknown/Not Reported

Is Substance Abuse Affecting Mental Health?
 Yes No Unknown

Are Developmental Disabilities Affecting Mental Health?
 Yes No Unknown

Are Physical Health Disorders Affecting Mental Health?
 Yes No Unknown

Conservatorship/Court Status
 Temporary Conservatorship
 Lanterman-Petris-Short
 Murphy
 Probate
 PC 2974
 Representative Payee Without Conservatorship
 Juvenile Court, Dependent of the Court
 Juvenile Court, Ward - Status Offender
 Juvenile Court, Ward - Juvenile Offender
 Not Applicable
 Unknown/Not Reported

Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time

Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time

Preferred Language
American Sign Language (ASL)

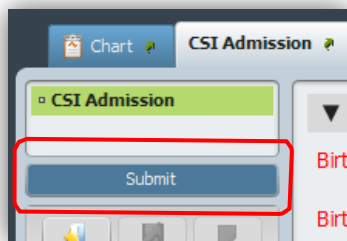
Race (Select Up To Five)
 American Indian or Alaska Native
 Asian Indian
 Black or African American
 Cambodian
 Chinese
 Filipino
 Guamanian
 Hmong
 Japanese
 Korean
 Laotian
 Mien
 Native Hawaiian
 Other Asian
 Other Pacific Islander
 Other
 Samoan
 Unknown / Not Reported
 Vietnamese
 White or Caucasian

Fields

- ▶ Birth Name (Last) - Enter the client's last name at birth as listed in birth certificate.
- ▶ Birth Name (First) - Enter the client's first name at birth as listed in birth certificate.

- ▶ Birth Name (Middle) - Enter the client's middle initial at birth as listed in birth certificate.
- ▶ Year Or Month/Year Of Birth- Enter response.
- ▶ Birth Name (Suffix) - If applicable, select the response.
- ▶ Mother's First Name- Enter the first name of the client's mother.
- ▶ Fiscally Responsible County for Client- Select the responsible county from the list.
 - o *HINT: Select the county who holds the Medical card. If the client does not have Medical, select "Riverside".*
- ▶ Place of Birth - County- Select the client's county of birth from the list. Selecting the county automatically defaults the state and country responses into the Place of Birth - State and Place of Birth - Country fields.
- ▶ Place of Birth - State - This field auto populates when you selected a county. This field is enabled when a response is not selected in the Place Of Birth- County field. Select the client's birthplace state from the list.
- ▶ Place of Birth - Country- This field auto populates when you selected a county. This field is enabled when a response is not selected in the Place Of Birth- State field. Enter all or part of the country name and click Process Search. Select the client's birthplace country from the list of possible choices. This is a locked dictionary field that retains the look and feel of a file look up data element due to the large number of values in the dictionary.
- ▶ CSI Ethnicity- Select the response from the list.
- ▶ Special Population- If Cal Works or IEP, make proper selections. Select the appropriate response. The "No special population services" is automatically defaulted.
- ▶ Legal Class (Inpatient Only) - Select the response from the list.
- ▶ County School District- Select the county school from the list.
- ▶ Admission Necessity Code (Inpatient Only) - Select the response if applicable.
- ▶ Is Substance Abuse Affecting Mental Health? - Select the response.
- ▶ Are Developmental Disabilities Affecting Mental Health? - Select the response.
- ▶ Are Physical Health Disorders Affecting Mental Health? - Select the response.
- ▶ Conservatorship/Court Status - Select the response.
- ▶ Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time- Enter response.
- ▶ Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time- Enter response.
- ▶ Preferred Language - Select the response from the list.
- ▶ Race (Select Up To Five)- Select the response(s) from the list.

- ▶ Once you have completed entering all CSI Admission information, review for data entry accuracy and then **Submit** your data.



Edit/View an Existing CSI

- ▶ Select Birth Name to view entered CSI information

TESTDATA,TEST (950645162) Episode NUMBER: 10

Date of Birth: 01/05/1987 **Gender:** Female **Primary Language:** English **SSN:** 000-00-0000

Caseload Start Date:
07/01/2014

Caseload >> [TESTDATA,TEST \(950645162\)](#) >> All CSI

Birth Name	Month/Year of Birth	Responsible County	County of Birth	State of Birth
TESTDATA, TESTY	01/1987	Riverside	Sacramento	California

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- ▶ Verify information.
- ▶ If needed, make changes by selecting the Edit CSI button

TESTDATA,TEST (950645162) Episode NUMBER: 10

Date of Birth: 01/05/1987 **Gender:** Female **Primary Language:** English **SSN:** 000-00-0000

Caseload Start Date:
07/01/2014

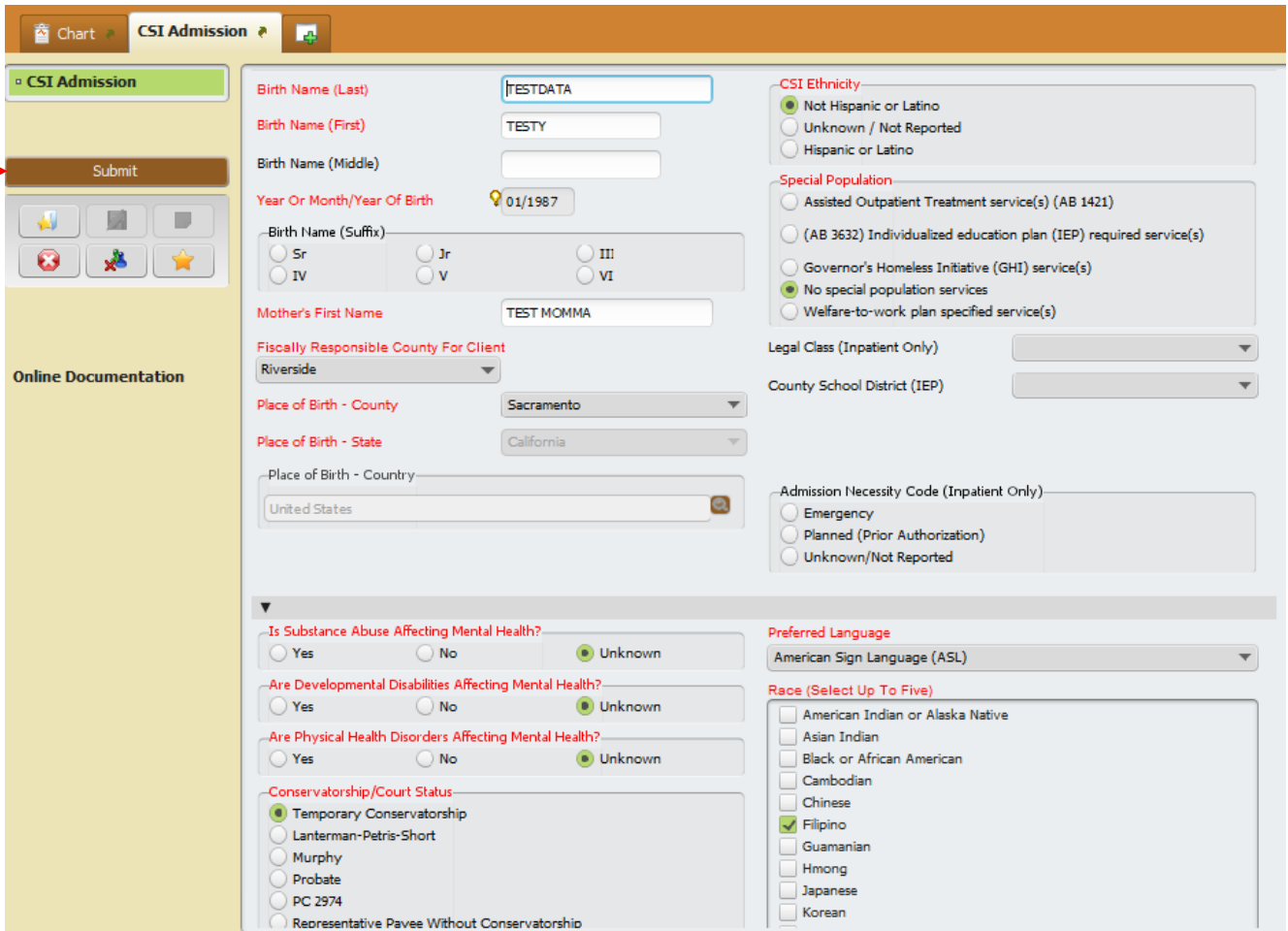
Caseload >> [TESTDATA,TEST \(950645162\)](#) >> [All CSI](#) >> TESTDATA, TESTY

[Edit CSI](#)

Birth Name: TESTDATA, TESTY	Month/Year of Birth: 01/1987	Mother's First Name: TEST MOMMA	Fiscally Responsible County: Riverside
Place of Birth - County: Sacramento	Place of Birth - State: California	Place of Birth - Country: United States	CSI Ethnicity: Not Hispanic or Latino



► Make Changes to the CSI Admission form. Once completed, select Submit to finalize changes.

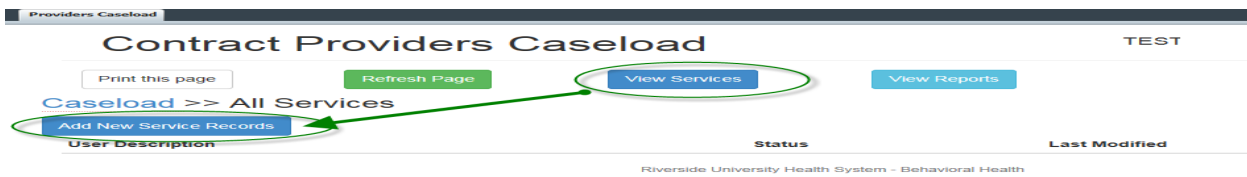


The screenshot shows the 'CSI Admission' form interface. On the left side, there is a vertical navigation bar with a 'Submit' button highlighted in brown, indicated by a red arrow. Below the navigation bar is the 'Online Documentation' section. The main form area contains the following fields and options:

- Birth Name (Last):** TESTDATA
- Birth Name (First):** TESTY
- Birth Name (Middle):** (empty)
- Year Or Month/Year Of Birth:** 01/1987
- Birth Name (Suffix):** Radio buttons for Sr, Jr, III, IV, V, VI.
- Mother's First Name:** TEST MOMMA
- Fiscally Responsible County For Client:** Riverside (dropdown)
- Place of Birth - County:** Sacramento (dropdown)
- Place of Birth - State:** California (dropdown)
- Place of Birth - Country:** United States (dropdown)
- CSI Ethnicity:** Radio buttons for Not Hispanic or Latino (selected), Unknown / Not Reported, Hispanic or Latino.
- Special Population:** Radio buttons for Assisted Outpatient Treatment service(s) (AB 1421), (AB 3632) Individualized education plan (IEP) required service(s), Governor's Homeless Initiative (GHI) service(s), No special population services (selected), Welfare-to-work plan specified service(s).
- Legal Class (Inpatient Only):** (dropdown)
- County School District (IEP):** (dropdown)
- Admission Necessity Code (Inpatient Only):** Radio buttons for Emergency, Planned (Prior Authorization), Unknown/Not Reported.
- Is Substance Abuse Affecting Mental Health?:** Radio buttons for Yes, No, Unknown (selected).
- Are Developmental Disabilities Affecting Mental Health?:** Radio buttons for Yes, No, Unknown (selected).
- Are Physical Health Disorders Affecting Mental Health?:** Radio buttons for Yes, No, Unknown (selected).
- Conservatorship/Court Status:** Radio buttons for Temporary Conservatorship (selected), Lanterman-Petris-Short, Murphy, Probate, PC 2974, Reopresentative Pavee Without Conservatorship.
- Preferred Language:** American Sign Language (ASL) (dropdown)
- Race (Select Up To Five):** Checkboxes for American Indian or Alaska Native, Asian Indian, Black or African American, Cambodian, Chinese, Filipino (checked), Guamanian, Hmong, Japanese, Korean.

Section Three: Billing / Services

From the Home Page select “View Services” command button, the service pre-display page will open. Either access a “User Description” in ‘draft’ “Status” to continue adding services to an existing file/form or select “Add New Service Records” to create a new file/form.



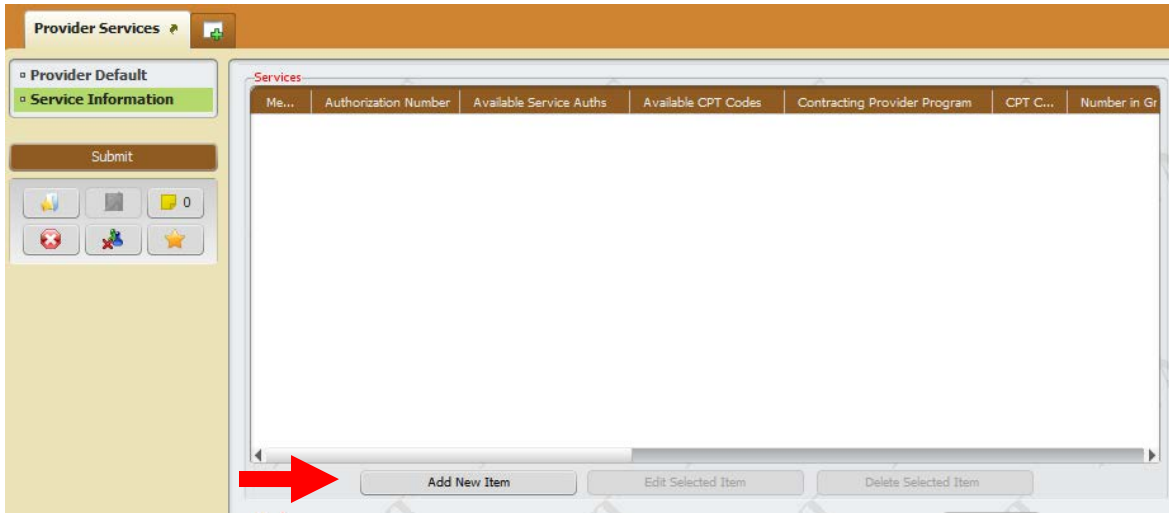
Provider Default

1. **User:** (Process Search) System generated – based on username logged in.
2. **Status of Services:** (Radio Button) Assign status for each file being worked. *Provider can submit services as often as needed, but must invoice only once a month for all services entered from last invoice date to current invoice date.*
 - a. **Draft:** Provider to use ‘draft’ status when the file/form is a work in progress and the date range of services entered has yet to be review and finalized for submission.
 - b. **Final:** Provider to use ‘final’ status when the file/form has been reviewed and can now be submitted to the County for review/action.
 - i. Provider can submit multiple files in final status and compile all final files in to one monthly invoice. (Reports are available to assist and later discussed in Section 4)
3. **Users Description:** (Free Text) Provider to name each service file to distinguish between the billing entries previously submitted vs. current data entry.
 - a. **Naming Format:** MONTH YEAR MH

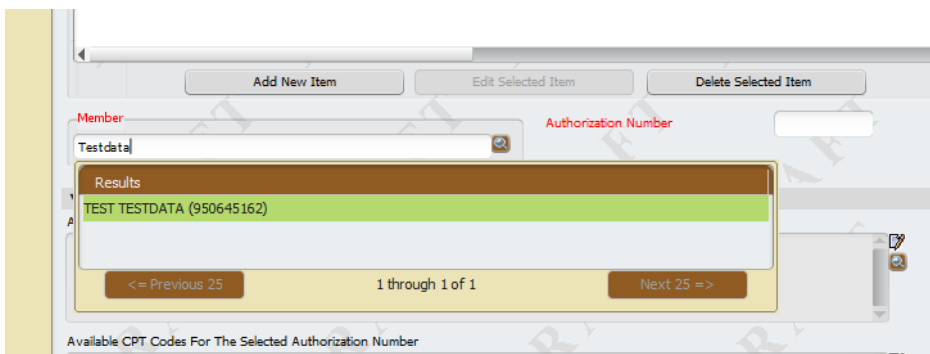
Choose “Service Information” section on the left if the form does not move to the next section.

Service Information

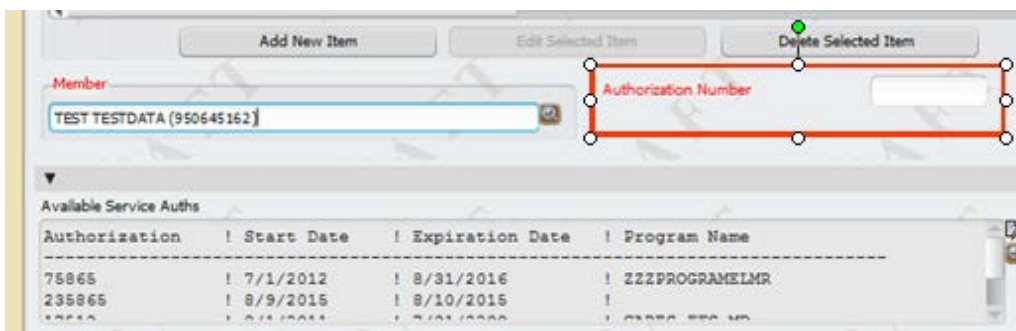
- ▶ **Add New Item:** (*Command Button*) In order to record an entry end user MUST first select to add a row. Once the row has been added the required fields will open for entry.



- ▶ Enter **Member** information by client id number or by client name.



- ▶ All Available Service Authorizations will display. Enter the correct auth in the **Authorization Number** field.



- ▶ Once the Authorization is entered, all available CPT codes will display with Units Authorized. Enter the treatment code in the **CPT Code** Field.

Note: The **Contracting Provider Program** field will automatically populate. Please verify if information is correct.

Member: TEST TESTDATA (950645162) | Authorization Number: 17513

Available Service Auths

Authorization	Start Date	Expiration Date	Program Name
17513	8/1/2011	7/31/2200	CARES FFS MD (INACTIVE)
17610	7/11/2015	6/30/2016	CARES FFS MD (INACTIVE)
94890	7/1/2012	6/30/2117	CARES FFS MD (INACTIVE)

Available CPT Codes

CPT CODE	Units Authorized
90806	889
90847	888
90887	888

Contracting Provider Program: CARES FFS MD (INACTIVE)

CPT Code: [Empty field with red arrow pointing to it]

Duration: [Empty field]
Total Charge: [Empty field]
Private Pay: [Empty field]

- ▶ Select if service is a Single or Date Range.
- ▶ Enter the Date of Service and End Date

Note: The *End Date* field will be grayed out if service is a single date.

Contracting Provider Program: CARES FFS MD (INACTIVE)

CPT Code: 90806

Number in Group: [Empty field]

Single or Date Range

Single Date Date Range

Date of Service: 05/01/2016 [T] [Y] [Calendar icon]

End Date: 05/14/2016 [T] [Y] [Calendar icon]

Service Units: [Empty field]

Web Service Submission Data

- ▶ Enter the number of **Service Units** and **Duration**.

Contracting Provider Program
 CARES FFS MD (INACTIVE)
 CPT Code
 90806
 Number in Group
 Single or Date Range
 Single Date Date Range
 Date of Service
 05/01/2016 T Y LL
 End Date
 05/14/2016 T Y LL
 Service Units 20
 Duration 20
 Total Charge
 Private Pay
 Expected Disbursement Amount
 Available Locations
 Location
 Performing Provider

- ▶ The **Total Charge** field will populate the charge for the service.
- ▶ Enter the **Private Pay** amount (If Applicable). Enter 0 if there isn't a private pay amount.
- ▶ **Expected Disbursement Amount** will populate the total fee for service.
- ▶ Enter the **Location** of service. *(Choose one of the locations listed in the **Available Locations**)*
- ▶ Search and select a **Performing Provider**. *(Choose from the list of Available Performing Providers)*

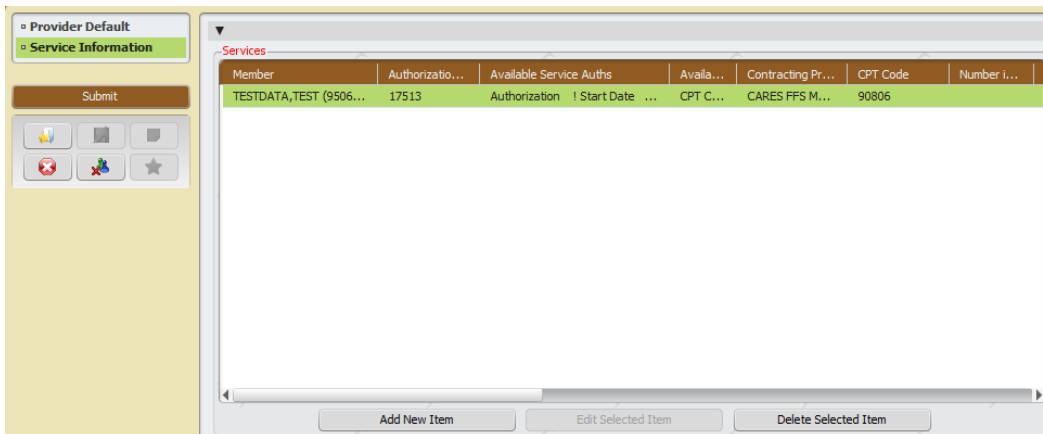
Duration 20
 Total Charge 40.00
 Private Pay 0.00
 Expected Disbursement Amount 40.00
 Available Locations Office,School
 Location Office
 Performing Provider DOC TEST (2370)

Note: The Available Performing Provider displays all registered Performing Providers.

Available Performing Provider
 Provider Id ! Provider Name

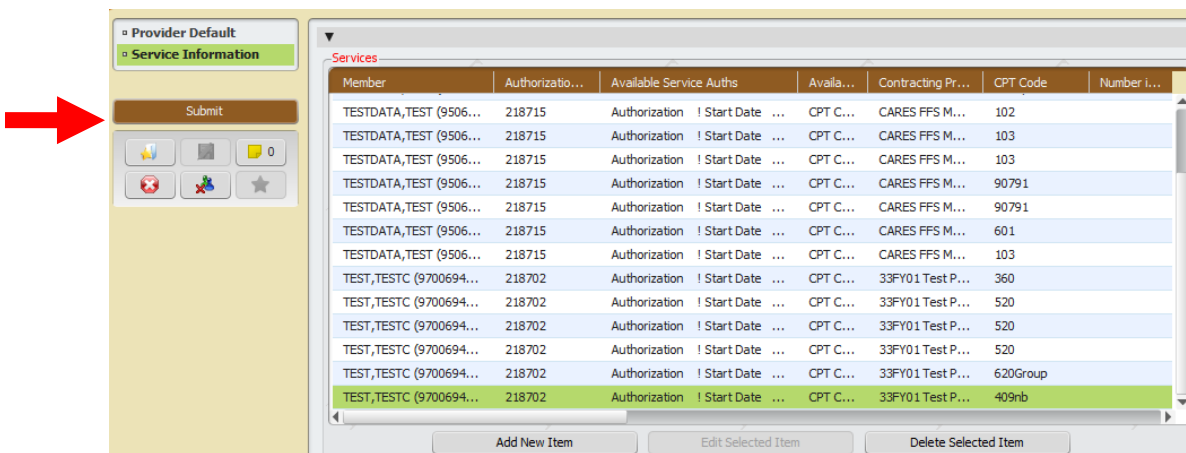
 2370 ! TEST,DOC

- ▶ Repeat Steps 1-5 to add additional clients and/or services.



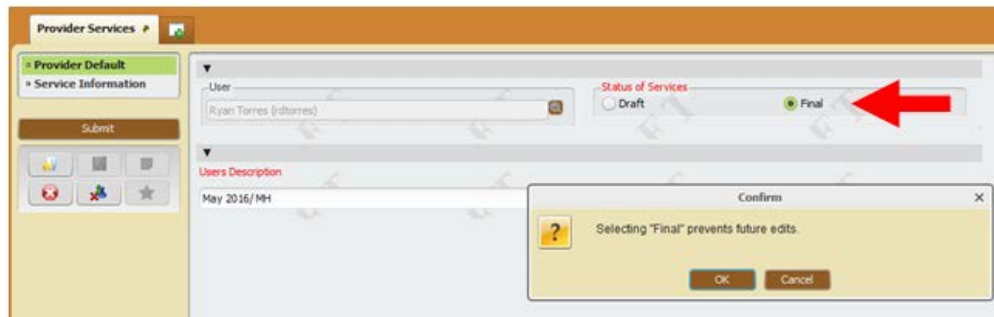
- ▶ To be able to add more service entries at a later time, please leave the Status in **Draft**, and click on **Submit** to save.

Tip: Save your draft entries regularly to prevent loss of data.



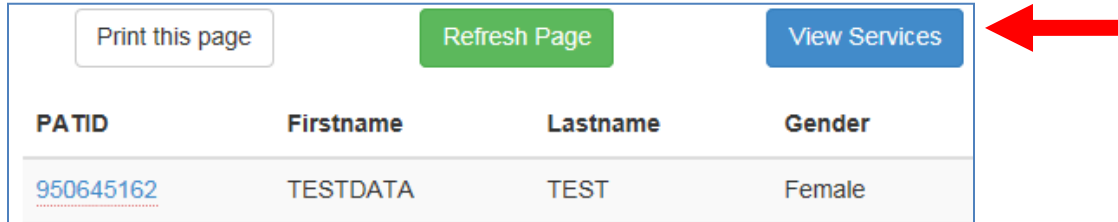
- ▶ When you are ready to submit your billing, change the **Status of Services** from **Draft** to **Final** and click **Submit**.

NOTE: Final billing will prevent future edits once submitted!



View/Add Unbilled Services

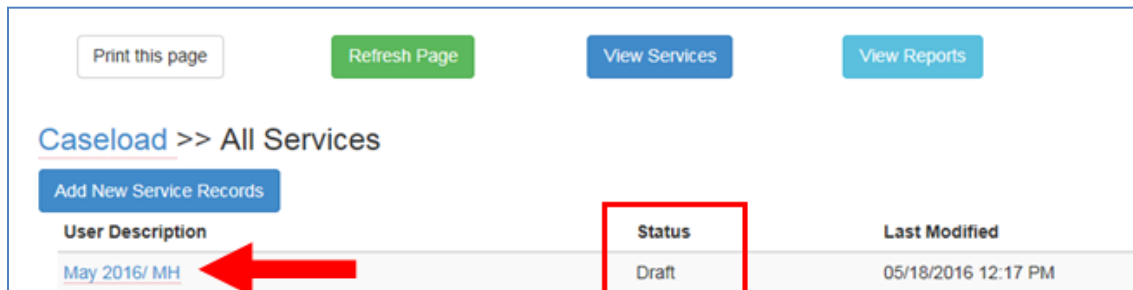
- ▶ Select the View Services Button.



Print this page Refresh Page **View Services**

PATID	Firstname	Lastname	Gender
950645162	TESTDATA	TEST	Female

- ▶ In the All Services display, select the Billing Description to continue billing services.



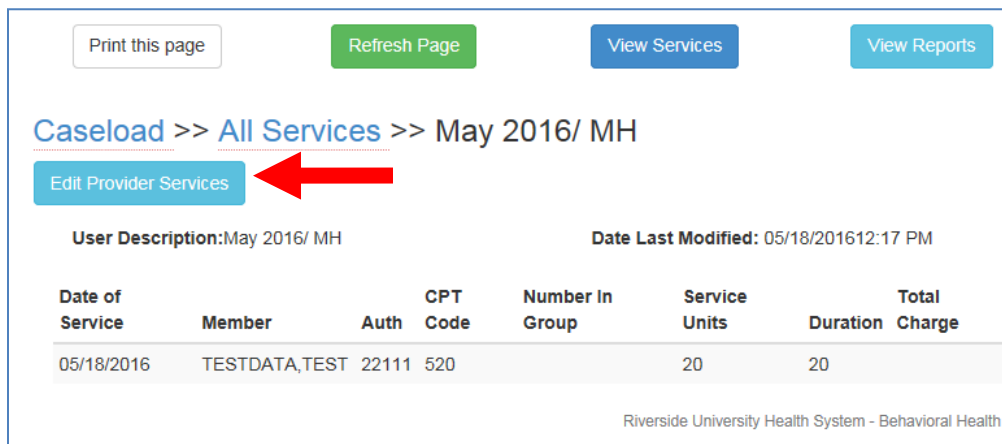
Print this page Refresh Page View Services View Reports

Caseload >> All Services

Add New Service Records

User Description	Status	Last Modified
May 2016/ MH	Draft	05/18/2016 12:17 PM

- ▶ The display will allow Providers to view and print all saved services. The services can be also sorted by selecting any header.
- ▶ To add or edit an entry select the **Edit Provider Services** button.



Print this page Refresh Page View Services View Reports


Caseload >> All Services >> [May 2016/ MH](#)


Edit Provider Services

User Description: May 2016/ MH Date Last Modified: 05/18/2016 12:17 PM



Date of Service	Member	Auth	CPT Code	Number In Group	Service Units	Duration	Total Charge
05/18/2016	TESTDATA,TEST	22111	520		20	20	

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- ▶ If the number of units remaining is over the authorized amount a warning icon  will be located near the Date of Service.

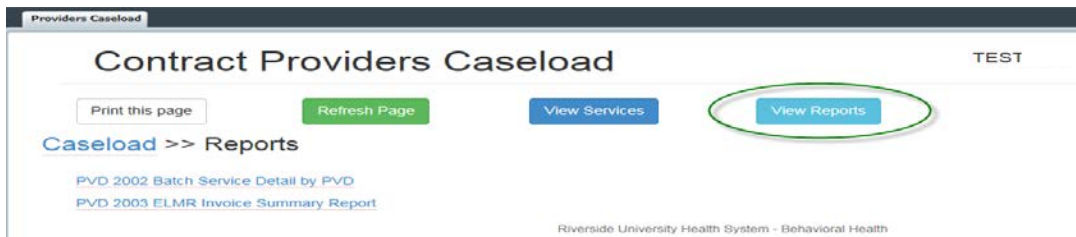
Date of Service	Member ID	Member	Auth	CPT Code	# In Group	Service Units	Duration	Total Charge	Private Pay	Expected Disb Amt	Location
06/01/2016	950837929		233040	360		45	45		0	117.45	Field
06/01/2016	960909455		233137	90832IT		31	31		0	80.91	Field
06/01/2016	950655817		233297	520		90	90		0	181.8	Field
06/01/2016	950837929		233040	99214U		30	30		0	144.6	Office
06/02/2016	950826066		232303	520		90	90		0	181.8	Field
06/02/2016	6407602		232970	520		90	90		0	181.8	Field
06/02/2016	950735530		233001	520		90	90		0	181.8	Field
06/02/2016	970038567		233017	363	10	14	140		0	36.54	Field
06/02/2016	970038567		233017	360		80	80		0	208.8	Field
 06/02/2016	100019935		233221	520		130	130		0	262.6	Field
06/02/2016	960855513		233421	529NB		40	40		0	80.8	Field

- ▶ When warning icon is scrolled over it will display the amount of units that are over.

User Description: JUNE 2016 MH			Date Last Modified: 06/16/2016 04:20 PM			Status: Draft						
Date of Service	Member ID	Member	Auth	CPT Code	# In Group	Service Units	Duration	Total Charge	Private Pay	Expected Disb Amt	Location	Pref
06/01/2016	950837929		233040	360		45	45		0	117.45	Field	MEDI
06/01/2016	960909455		233137	90832IT		31	31		0	80.91	Field	ROBE
06/01/2016	950655817		233297	520		90	90		0	181.8	Field	SMITH
06/01/2016	950837929		233040	99214U		30	30		0	144.6	Office	GRAY
06/02/2016	950826066		232303	520		90	90		0	181.8	Field	LAZA
06/02/2016	6407602		232970	520		90	90		0	181.8	Field	SMITH
06/02/2016	950735530		233001	520		90	90		0	181.8	Field	SMITH
06/02/2016	970038567		233017	363	10	14	140		0	36.54	Field	FRAN
06/02/2016	970038567		233017	360		80	80		0	208.8	Field	MEDI
 06/02/2016	100019935		233221	520		130	130		0	262.6	Field	STEP
06/02/2016	960855513		233421	529NB		40	40		0	80.8	Field	CRUZ
06/02/2016	133073119		233690	360		70	70		0	182.7	Field	STEP
 06/02/2016	6454001		233722	520		130	130		0	262.6	Field	CONT
06/03/2016	950735530		233001	360		100	100		0	261	Field	DELG

Section Four: Reports

From the home page select the “View Reports” command button to open the reports page. Two reports have been assigned to assist in reconciling submitted services by date range.



- PVD 2002 Batch Services Detail by PVD: This report lists all Open and Closed services within the specified time frame.
 - Run this report monthly (by submission date range) to review all service detail submitted to county for review/action and assist in completing the monthly invoice and Provider Integrity Form (PIF).
 - Running this report for the entire fiscal year will allow you to easily reconcile services, which will assist during the year-end cost report settlement.

- PVD 2003 ELMR Invoice Summary Report: This report summarizes services billed at Contract Number and Department ID level within the specified time frame.
 - This report will be **required** as backup to the manual invoice submission, and **MUST** match the totals of the Provider’s invoice. (*Run monthly utilizing the same date range as the PVD2002*).

PVD 2002 Batch Service Detail by PVD Report

- ▶ **Select Provider** – Enter the Provider ID or Program in this field
- ▶ **Start & End Date** – Enter the billing period date range.
If you are running the detail to a submitted invoice, use the 6th thru 5th day range of the billing month. For example, April services billed by May 5th, use “April 6th – May 5th.”

PVD 2002 Sample

MR #	Auth #	Entry Date	EOB#	EOB_Date	DOS	CPT Code	Perf Provider	Status	Reason	Duration	Units	Approved Units	Billed	Fee	Exp Disb	
TEST																
9380																
ZZZPROGRAMELMR																
950645162	94890	5/24/2016		5/20/2016	CkSup	TEST,DOCC		D		60	1	-		0.00	0.00	0.00
950645162	94890	5/24/2016		5/19/2016	CkSup	TEST,DOCC		D		60	1	-		0.00	0.00	0.00
950645162	94890	5/24/2016		5/18/2016	CkSup	TEST,DOCC		D		60	1	-		0.00	0.00	0.00
950645162	94890	5/24/2016		5/17/2016	CkSup	TEST,DOCC		D		60	1	-		0.00	0.00	0.00
950645162	94890	5/24/2016		5/16/2016	CkSup	TEST,DOCC		D		60	1	-		0.00	0.00	0.00
													Total by Program:	0.00	0.00	0.00
													Total by Batch:	0.00	0.00	0.00
													Total by Provider:	0.00	0.00	0.00

PVD 2003 ELMR Invoice Summary Report

- ▶ **Select Provider** – Enter the Provider ID or Program in this field
- ▶ **Start & End Claim Received Date** – Enter the billing period date range.
If you are running the detail to a submitted invoice, use the 6th thru 5th day range of the billing month. For example, April services billed by May 5th, use “April 6th – May 5th.”

PVD 2003 Sample

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PVD 2003 ELMR Invoice Summary Report

Provider Name/ID: TEST (661)

Service Date Range: 5/16/2016 THRU 5/20/2016

BATCHID: 9380

Vendor Code:

Claim Recieved Date: 4/1/2016 thru 6/13/2016

TOTAL BY Accounting String

RU #	Accounting String	Procedure/ CPT Code	Duration	Units	Rate	Total
4100202208-74750-530280-15/01						
ZZZPROGRAMELMR						
	ROGRAME00202208-74750-530280-15/	CltSup	300	5	\$ 2.00	\$ 0.00
Total of RU # ZZZPROGRAMELMR			300	5		\$ 0.00
Total for 4100202208-74750-530280-15/01			300	5		\$ 0.00

TOTAL BY Contract #

RU #	Contract Number	Procedure/ CPT Code	Duration	Units	Rate	Total
ZZZPROGRAMELMR						
	ROGRAME	CltSup	300	5	\$ 2.00	\$ 0.00
Total of RU # ZZZPROGRAMELMR			300	5		\$ 0.00
Total of Contract #			300	5		\$ 0.00
Grand Total For All Contracts			300	5		\$ 0.00

Section Five

Invoice Submission

- Enter services during the billing month, up till the 5th working day of the following month.
- After you have verified all billed services, print and create the following:
 - ▶ [PVD 2003 ELMR Invoice Summary Report](#)
 - ▶ [Manual Invoice with your Agency's letterhead](#) – Use the information provided on the Invoice Summary Report.
 - ▶ [Provider Integrity Form \(PIF\)](#) – Substitute the Bill Enumerator with the Batch#.
- All three (3) documents should be sent via:
 - ▶ Email (preferred) to ELMR_PIF@rcmhd.org.
 - ▶ Fax to 951-358-6868
 - ▶ Mail to **Riverside University Health System – Behavioral Health
Invoice Processing Unit
P.O. Box 7549
Riverside, CA 92513-7549**

Questions/Support

For ELMR System Questions: 951.955.7360 or ELMRsupport@rcmhd.org

For Invoice Submission Inquiries: ELMR_PIF@rcmhd.org