



FEI Systems



MS-WITS CM_FFSBilling

*Billing Contract
Management*

Applies to:

WITS Version 18.0+

See Also:

MS-WITS Basics User Guide

MS-WITS Administrators User Guide

**Mississippi Department of
Mental Health**

Last Updated July 11, 2019

Mississippi Department of Mental Health

MS-WITS CM_FF SBilling

Preface

Intended Audience

This user guide has been prepared for WITS Administrative users. Topics covered include billing set up, adding contracts, creating services, and managing those billing components.

! Please refer to the following document for Agency, Facility, and Staff Member set up: ***MS-WITS Administrators User Guide.***

System Requirements

WITS is a web-based application accessed through an Internet (web) browser using Internet connection.

Internet Browsers

WITS is compatible with up-to-date versions of most modern Internet browsers such as:

- Apple® Safari®
- Google Chrome™
- Mozilla® Firefox®
- Windows Internet Explorer 10 or newer (***recommended***)

i **Note:** Do not allow your Internet browser to save your password, as this information will be routinely updated.

Pop-up Blocker

Certain features in WITS, such as Snapshot and Scheduler, will open in a separate browser window when selected. Make sure your browser allows pop-ups from WITS.

Customer URL Links

i The **Training Site** allows staff members to practice using the system before entering actual data in the Production Site. **Do not enter real client information in the training site.**

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Part 1: Customer Specific Information

This section is designed to include customer specific information for this particular user guide.

Examples of customer specific information includes:

- Business rules
- Workflow diagrams and explanation
- Specific terminology

Table 1-1: Abbreviations

Abbreviation	Meaning
A&D	Alcohol and Drug
CDR	Client Data Repository
CGE	Client Group Enrollment
DMH	Department of Mental Health (Mississippi)
EHR	Electronic Health Record
FFS	Fee for Service
HIPAA	Health Insurance Portability and Accountability Act
MH	Mental Health
MS	Mississippi
NOMs	National Outcome Measures
RTB	Release to Billing
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
TEDS	Treatment Episode Data Set
UCN	Unique Client Number
WITS	Web Infrastructure for Treatment Services

Part 2: Billing and Contract Set Up

The first step in setting up contracts is to establish **Authorization Periods**. Authorization periods usually correspond with funding periods, such as State Fiscal Years. Think about them as a way to authorize an amount of money, for a period of time. The Authorization Period will eventually be tied to funding sources and budgets.

Authorization Period



Where: Agency > Contract Management > Authorization Period

Follow the steps below to set up an authorization period:

1. On the left menu, click **Agency**, then click **Contract Management**, and then click **Authorization Period**.
2. Click **Add New Period**.



Figure 2-1: Authorization Period screen, Add New Period link

3. On the **Authorization Period Profile** screen, enter the information shown in the table below.

Table 2-1: Authorization Period Profile fields

Field	Description
Name	Type the Authorization Period Name.
Effective Date	Enter the start date.
Termination Date	Enter the end date.

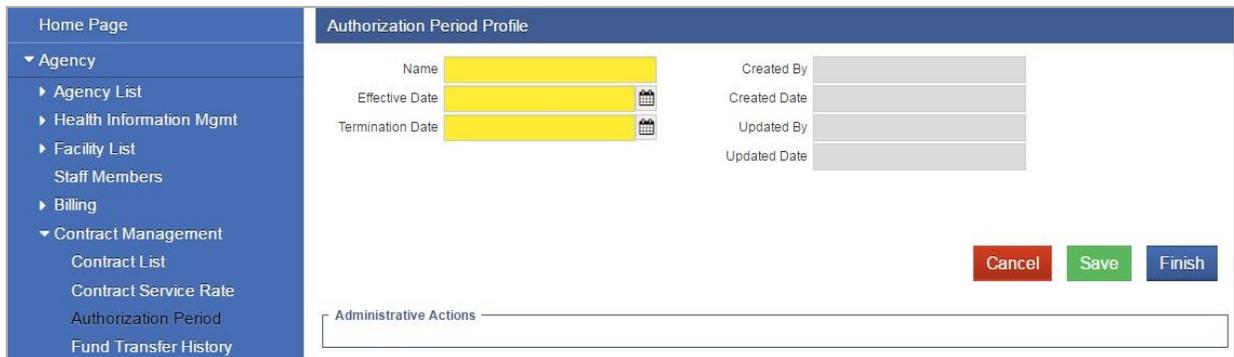


Figure 2-2: Authorization Period Profile screen

4. Click **Finish**.

Payor Plan Overview (One Time Set Up)



Where: System Administration > Code Tables

This one-time Payor Plan and Group set up will serve as the basis for creating contracts with providers going forward. Payor plans rely on Funding Sources, which can be set up in the Code table editor.

- **Payor Plans** designate a Funding Source (example: ATR Grant, Block Grant, Court Funds, Medicaid, State General Funds, etc.). Payor Plans may also be set up for private insurance and self-pay. Each payor plan will only need to be set up one time.
- **Groups** designate a population of individuals who will be covered by the Payor Plan (example: pregnant women and women with children, youth, adult males, etc.).

Prior to setting up your Payor Plan, WITS has automatically set up the Funding Source for you. Once the initial Funding Sources have been setup, there will be no need to enter in any additional funding sources.

Check Code Tables

1. On the left menu, click **System Administration**, and then click **Code Tables**.
2. From the drop-down menu, select the **Funding Source** table by scrolling through the list, or by typing “funding source.”
3. Click **Go**.

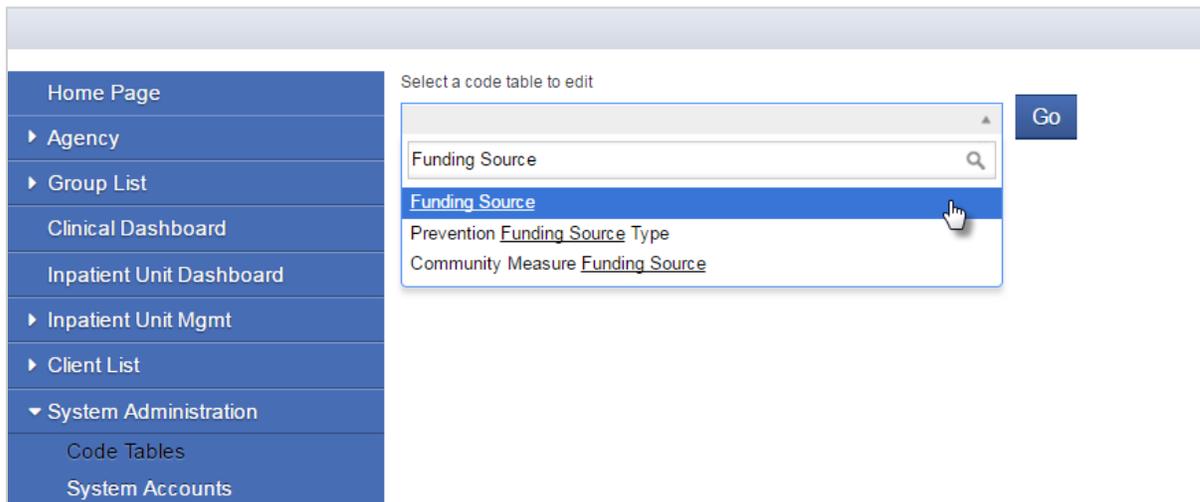


Figure 2-3: Code Tables screen, Funding Source search

Code Table: Funding Source List

The Funding Source code table will display a list of funding sources already available. Please note that records starting with a minus sign (e.g., -102) cannot be edited or deleted by users.

To view the details of a funding source, point to the pencil icon in the Actions column and click **Review**. (Optional)

Actions	ID	Description	Sort Order	Effective Date	Expiration Date	Code	Created By	Created Date	Updated By	Updated Date
	-111	Medication Assisted Treatment		6/10/2016	6/9/2016	MAT	User, System	6/10/2016	User, System	6/14/2016
	-110	Pregnant and Postpartum Women		6/10/2016	6/9/2016	PPW	User, System	6/10/2016	User, System	6/14/2016
	-108	SAT-ED		8/5/2014	8/4/2014	SAT-ED		8/5/2014		
	-107	SBIRT		11/15/2011	11/15/2011	SBIRT		11/15/2011		
	-106	Local Funds		3/15/2011	3/15/2011	Local		3/15/2011		
	-105	Parole/Probation		12/11/2009	12/11/2009	PP		12/11/2009		
	-104	Gambling		11/17/2009	11/17/2009	G		11/17/2009		
	-103	DORA		4/24/2012	4/24/2012	L		4/24/2012		
	-102	ATR		9/7/2010	9/7/2010	ATR		9/7/2010		

Figure 2-4: Funding Source List screen, Action links

- After checking the funding source, click **Finish**.

Code Table: Covered Population

- Stay on the Code Tables screen and search for the **“Covered Population”** code table.
- Click **Go**.

Select a code table to edit

Covered Population

Cover

Covered Population

Recovery Life Domain Type

Care Recovery Activity

Go

Figure 2-5: Code Tables screen, Covered Population search

- On the Covered Population List screen, click **New**.

The screenshot shows a web application interface. On the left is a navigation menu with categories like Agency, Group List, Client List, and System Administration. The main area displays a table titled 'Covered Population List' with an 'Export' link. The table has 12 columns: Actions, Id, Description, Sort Order, Effective Date, Expiration Date, Code, UCE Required For Block Grant, Created By, Created Date, Updated By, and Updated Date. Three rows of data are visible. Below the table is a form with input fields for Id, Description, Sort Order, Effective Date, Expiration Date, and Code. A red arrow points to a 'New' link on the right side of the form area.

Figure 2-6: Covered Population List code table, New link

- Complete the fields as shown in the table below.

Table 2-2: Covered Population Code Table fields

Field	Description
Description	Type a description of this Covered Population.
Sort Order	(Optional)
Effective Date	Enter an effective Date.
Expiration Date	(Optional)
Code	Type a code for this Covered Population.
UCE Required for Block Grant	Type "F". Note: this field is only required for Salt Lake.

The screenshot shows the 'New' form for adding a Covered Population code table value. The form has a 'New' link at the top right. The fields are: Id, Description, Sort Order, Effective Date, Expiration Date, Code, UCE Required For Block Grant, Created By, Created Date, Updated By, and Updated Date. The Description, Effective Date, Expiration Date, and Code fields are highlighted in yellow. At the bottom right, there are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue).

Figure 2-7: Covered Population, New code table value

- Click **Finish**.

Create a Payor Plan (One Time Set-Up)



Where: **Agency > Billing > Payor Plan List**

Before creating Payor Plans and Groups, make sure to check the **Funding Source List** and add a **Covered Population** code table value, as covered in the previous section. Only users with the Agency Billing roles will be able to access the Payor Plan Profile screen. Once this initial setup is done, there is no need to update the plan information.

1. On the left menu, click **Agency**, then click **Billing**, and then click **Payor Plan List**.
2. Once on the Payor Plan List screen, notice a list of payor plans (unless no payor plan has been entered yet).
3. Either review an existing payor plan by clicking on the **Profile** link under the **Actions** column, or create a new payor plan by clicking on the **Add New Payor Plan** link.

The screenshot shows the Payor Plan List interface. On the left is a navigation menu with 'Agency' expanded to show 'Billing' and 'Payor Plan List'. The main area has a 'Payor Plan Search' section with fields for Plan Name, Plan Type, Billing Form, Payor Company, CH Agency, and Plan Status. Below this is a table titled 'Payor Plan List' with columns: Actions, Company, Plan Name, CH Agency, Plan Type, HIPAA Payor ID, and Billing Form. Two rows are visible, both for 'AHP' with plan names 'ATR3' and 'ATR4'. A tooltip is shown over the 'Actions' column for the second row, containing 'Profile' and 'Delete' links. An 'Add New Payor Plan' link is located at the top right of the table area.

Figure 2-8: Payor Plan List screen, Actions link

4. To create a new payor plan, click **Add New Payor Plan**.

This screenshot is similar to Figure 2-8 but shows the 'Payor Plan List' table as empty. A red arrow points to the 'Add New Payor Plan' link at the top right of the table area. The navigation menu on the left is also visible, with 'Payor Plan List' expanded to show 'Payor Plan Profile'.

Figure 2-9: Payor Plan List screen, Add New Payor Plan link

5. On the **Payor Plan Profile** screen, enter the following recommended information as shown in the table below.

Table 2-3: Payor Plan Profile fields

Field	Description
Plan Type	Select from the drop-down list; options include: Medicaid, Self-pay, Group Insurance, Medicare, Other, and Government Contract. Select "Government Contract" from the drop-down list.
Funding Source	Select the funding source from the drop-down list; this field is only visible for Plan Type "Government Contract". Note: These values are controlled through the "Funding Source" code table.
Plan Name	Type a name for this payor plan.
Billing Form	Select an option from the drop-down list. Select "WITS Batch" from the drop-down list.
Company Name	Type the company name.
Agency	Leave blank.
Claim Filing Type	(Optional)
Release to Billing Enabled	Select Yes.
Contracting Agency	Note: This read-only field is only visible for Plan Type "Government Contract".
Is Authorization Required?	Select Yes.
Effective Date	Enter the plan's effective date. Note: This field defaults to the current date.
Expiration Date	Enter the plan's expiration date, if applicable.
Budget Allocation Method	Select "Authorization Period Budget" from the drop-down list. This will cause the Authorization Period Budget List section to appear on the screen. Note: This field becomes required when "Yes" is selected for the field, "Is Authorization Required?"
Standard Client Cap	Type a dollar amount. This amount will apply to all clients for this payor plan. Note: Standard Client Caps are recommended as a way to help manage the total dollar amount of your grant.

Figure 2-10: Payor Plan Profile screen with recommended information

- When finished entering the Payor Plan Profile information, click **Save** and then click the **right-arrow** to continue, or on the left menu, click **Group List**.

Group List

On the **Group List** screen, note the two selection boxes: **Available Groups** and **Associated Groups**. If this is the first time entering a Group List, there may not be any selections available, and a new Group will need to be set up. A group is a subsection of individuals who may be eligible for a specific portion of the overall funding of the plan.

Add Group

- To create a new Group, click **Manage Groups** below the Available Groups box.

Figure 2-11: Group List screen, Manage Groups link

- On the Group List screen, click **Add Group**.

Group List for EXAMPLE Block Grant			Add Group
Actions	Group Name	Number	Agency
	Adolescent	03	
	Adults	01	

- When the bottom of the screen becomes active, type the following recommended information:

Table 2-4: Group List fields for entering new Group

Field	Description
Group Name	Type a name for this Group.
Group #	Type a number for this Group.
Plan Type	This is a read-only field.
Covered Population	Select from the drop-down list.
Age Group	Select from the drop-down list.
Gender Specific	Select from the drop-down list.

Group List for EXAMPLE Block Grant			Add Group
Actions	Group Name	Number	Agency
	Adolescent	03	
	Adults	01	

Group Name	<input type="text" value="Children"/>	Agency	<input type="text"/>
Group #	<input type="text" value="02"/>	Intervention Type	<input type="text"/>
Plan Type	<input type="text" value="Government Contract"/>	Last Updated	<input type="text" value="9/14/2018 1:41 PM"/>
Covered Population	<input type="text" value="Children"/>	Last Updated By	<input type="text" value="Dawson, Jan"/>
Age Group	<input type="text" value="< 12"/>		
Gender Specific	<input type="text" value="Not Specific"/>		

Figure 2-12: Group List screen

- Click **Save** and then click **Finish**. This will return to the Group List screen.
- Select the newly created Group from the **Available Groups** box, and use the right mover button to move the selection to the **Associated Groups** box.

Group List for EXAMPLE Block Grant

Plan Type: Government Contract

Available Groups: [Empty list]

Associated Groups: Adolescent, Adults, Children

[Manage Groups](#)

Navigation: [Previous] [Cancel] [Save] [Finish] [Next]

Figure 2-13: Group List with Associated Groups

6. Click **Finish**.

Client Specific Cap



Where: Agency > Billing > Payor Plan List

1. On the Payor Plan List screen, search for a payor plan and click the **Profile** link under the **Actions** column.

Actions	Company	Plan Name	CH Agency	Plan Type	HIPAA Payor ID	Billing Form
	AHP	ATR3		Government Contract		WITS Batch
	AHP	ATR4		Government Contract		WITS Batch
	AHP	Opioid STR		Government Contract		WITS Batch

Figure 2-14: Payor Plan List, Action links

2. When the **Payor Plan Profile** screen opens, notice the links in the **Administrative Actions** box:
 - Client Specific Cap
 - Services to Exclude from Cap

Actions	Authorization Period	Overall Budget	Total Amount Allocated	Total Vouched Amount	Total Available Amount	Standard Cap Amount
	2016-2017	\$400,000.00	\$400,000.00	\$80.10	\$399,919.90	\$0.00
	2017-2018	\$1,000,000.00	\$800,000.00	\$0.00	\$800,000.00	\$0.00

Administrative Actions

[Client Specific Cap](#) [Services to Exclude from Cap](#)

Cancel Save Finish ▶

Home Page

Payor Plan Profile

Plan Type: Government Contract

Plan Name: Opioid STR

Billing Form: WITS Batch

Company Name: AHP

Agency: [Dropdown]

Claim Filing Type: [Dropdown]

Client Confidential: [Checkbox]

Release To Billing Enabled: Yes

Contracting Agency: AHP Contracting Agency

Funding Source: Opioid STR

Is Authorization Required?: Yes

Effective Date: 7/1/2017

Expiration Date: [Calendar]

Reactivated Date: [Calendar]

Budget Allocation Method: Authorization Period Budget

Standard Client Cap: \$800.00

HIPAA EDI Information

Payor Name: [Text]

Receiver Name: [Text]

Application Receiver #: [Text]

HIPAA Processing Set: [Text]

Segment Delimiter: [Text]

Payor ID#: [Text]

Receiver ETIN: [Text]

Interchange Receiver #: [Text]

Element Delimiter: [Text]

Composite Delimiter: [Text]

Authorization Period Budget List

Actions	Authorization Period	Overall Budget	Total Amount Allocated	Total Vouched Amount	Total Available Amount	Standard Cap Amount
[Edit]	2016-2017	\$400,000.00	\$400,000.00	\$80.10	\$399,919.90	\$0.00
[Edit]	2017-2018	\$1,000,000.00	\$800,000.00	\$0.00	\$800,000.00	\$0.00

Administrative Actions

Client Specific Cap [Text] Services to Exclude from Cap [Text]

Cancel Save Finish

Figure 2-15: Payor Plan Profile, Administrative Actions box

3. Select the **Client Specific Cap** to override the standard client cap amount for an individual client.
4. Once on the Client Specific Cap screen, click the **Add** link.

Client Specific Cap Search

Client ID: [Text]

Clear Go Finish

Client Specific Cap List(Export) [Add](#)

Actions	Plan	Unique Client #	Cap Amount	Vouched Amount	Comments

Figure 2-16: Client Specific Cap screen, Add link

5. When the **Client Specific Cap Profile** screen appears, enter the information as shown in the table below:

Table 2-5: Client Specific Cap Profile fields

Field	Description
Unique Client Number	Type or paste the client's Unique Client Number.
Cap Amount	The maximum amount to be authorized in vouchers for this individual client.

Field	Description
Vouched Amount	Read-only field displaying the client's current vouched amount.
Comments	

Client Specific Cap Profile

Plan

Unique Client Number

Cap Amount

Vouched Amount

Comments

Client Specific Cap History

Date/Time	Change	Created by

Figure 2-17: Client Specific Cap Profile screen

- Click **Save**, then click **Finish**.

Part 3: Service Set Up and Management



Where: System Administration

The encounter screen in WITS is where staff members can document the interaction that happens between the client and the clinician. In the billing world, this encounter is called a “delivered” service. In WITS, a list of all the “Services” are created by the WITS Administrator. The WITS Administrator controls what is made available on the Encounter Screen in the Service drop-down field and it is managed in the Services Module under System Administration. **Code Table Management was discussed in a prior section, at times WITS Administrators can confuse the Service Module, with a normal code table. The Service Module works somewhat like a code table but is much more complex.**

From the Encounter Screen, staff select a “Service” by selecting a recognizable procedure, without having to memorize or understand the procedure codes associated with that service in the background. This means that each service, when established, must have a valid procedure code attached to it. A comprehensive list of procedure codes and procedure modifier codes have already been set up within WITS; however, new procedure codes and modifier codes may be added through the code table editor (available to WITS Administrators and to staff members with the Code Table Editor role).

This section describes how to set up and manage Services within the system. In WITS, there are three basic steps needed to complete service setup:

- Procedure Codes (and Procedure Modifier Codes)
- Services
- Service Rates*

NOTE • It is helpful to plan which procedure codes and services are needed prior to entering them in WITS.

Once these services are entered into WITS, add the rates associated to each service.

*Service Rates for government funded grants are set up and managed at the Contract level under Contract Service Rate (Agency > Contract Management > Contract Service Rate). If you also plan to use third party payors, rates for those services would be set up under Rates (System Administration > Rates).

A Few Key Notes:

- Each service must have a unique combination of procedure and modifier codes
- Services may be set up for different treatment domains
- Services can be set up with hierarchical categories; a Parent Category (e.g., SUD Outpatient) with Child Services (e.g., Individual and Group)

Check Available Procedure Codes and Procedure Modifier Codes



Where: **System Administration > Code Tables**

Before creating services, make sure the correct **Procedure Codes** and **Procedure Modifier Codes** are available in the code tables. WITS includes a set standard of procedure codes and modifiers, such as HCPCS, CPT codes, so it may not be necessary to create new procedure codes and modifiers. To check the available procedure codes, follow the steps below:

1. From the left menu, select **System Administration**, and then click **Code Tables**.
2. On the **Code Tables** screen, click the dropdown menu, select or type the word **"Procedure"** then click **Go**.

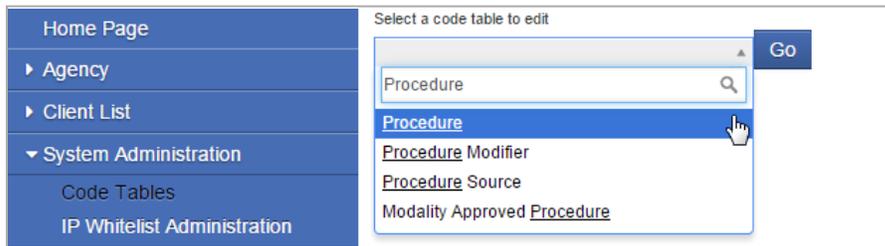


Figure 3-1: Code Tables search screen

Code Table: Procedure

3. Once in the **Procedure** code table, review the procedure codes and descriptions available. You can also click the **"Export"** link to download and view all of the procedure codes in an Excel spreadsheet.

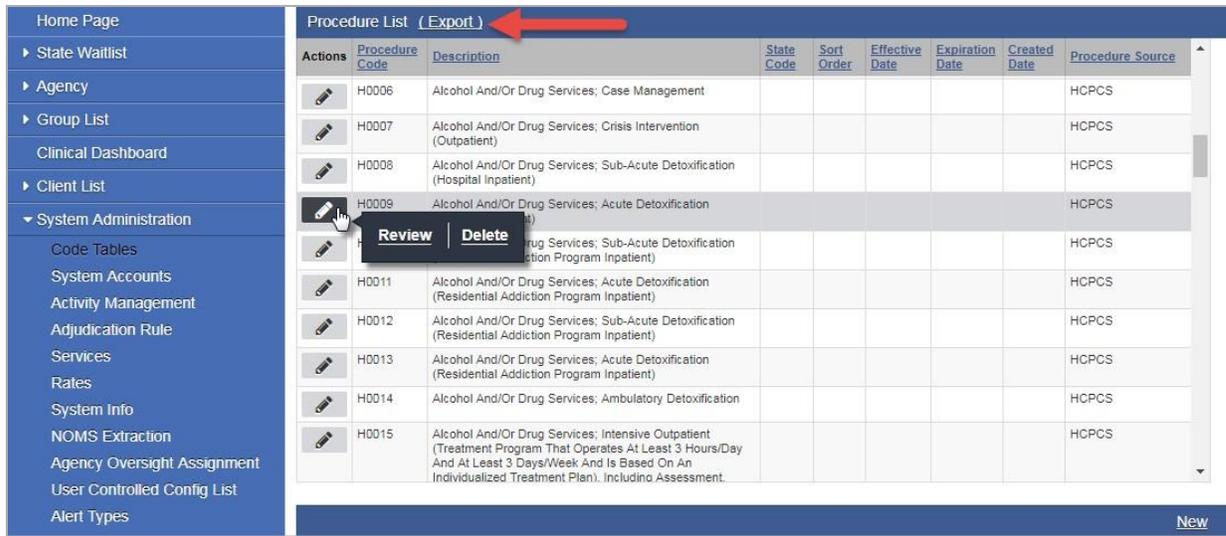


Figure 3-2: Procedure Code Table

4. To add a new procedure code to the list, click the **New** link.

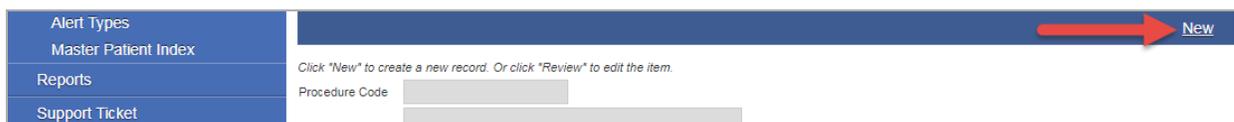


Figure 3-3: Procedure Code Table, New link

- The bottom section of the screen should now be editable. Enter the required information as shown in the table below.

Table 3-1: Procedure Code fields

Field	Description
Procedure Code	Any HCPCS, CPT, or State based code that should be used to identify the services.
Description	Type a description of the Procedure code.
State Code	(Optional)
Sort Oder	(Optional) This field will control how the codes are ordered in a dropdown list on screen.
Effective Date	(Optional)
Expiration Date	(Optional)
Procedure Source	Select an option from the drop-down list. If the desired source is not listed, it can be added in the "Procedure Source" code table.

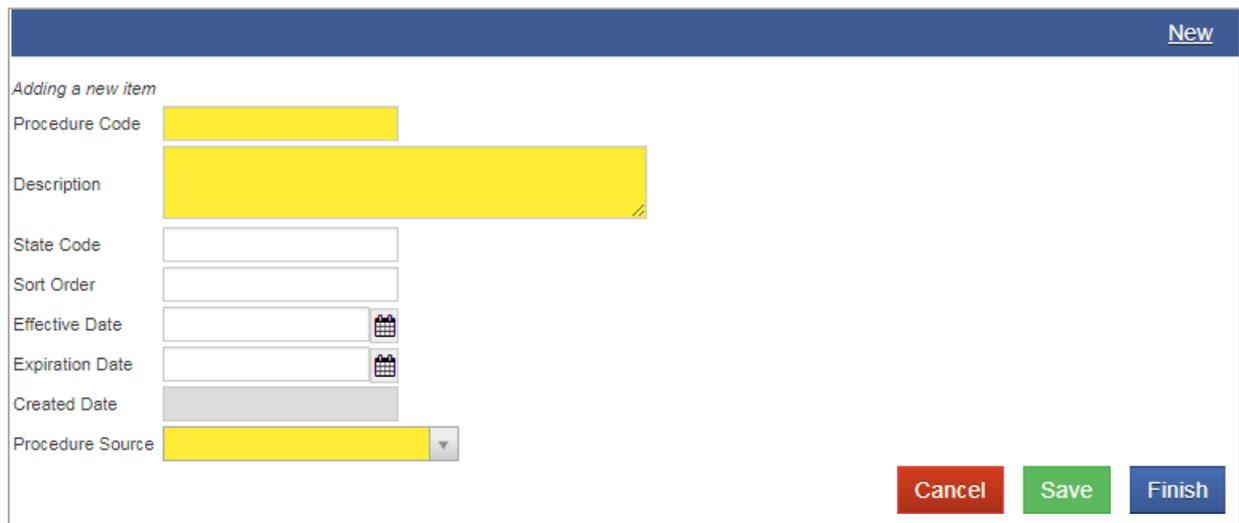


Figure 3-4: Add New Procedure Code

- Click **Save** or **Finish** to complete your entry.

NOTE • Procedure Codes cannot be deleted once they have been used. To stop referencing a Procedure Code, set an expiration date. Other code tables related to service setup include "**Procedure Modifier**", and "**Procedure Source**".

Create Service Profile



Where: [System Administration](#) > [Services](#)

Prerequisites:

- Procedure Codes
- Procedure Modifiers

Services can be created if the correct procedure codes and procedure modifier codes are entered into the Procedure code table and Procedure Modifier code tables, respectively.

1. From the left menu, click **System Administration**, and then click **Services**.
2. Click **Go** to view all of the services currently set up.
3. To add a new service, click on the **Add New Service** link. As a timesaving feature, you may also clone any current service using the **Clone** link in the Actions column.

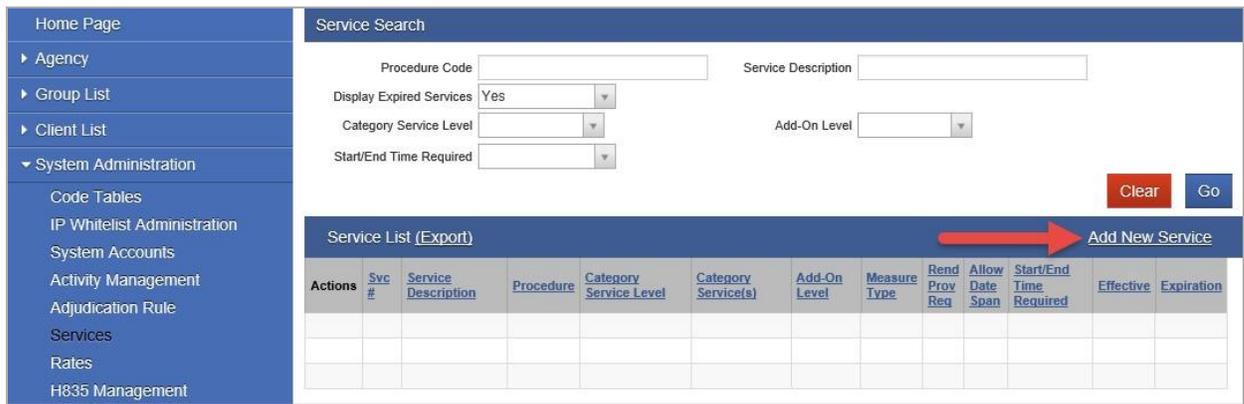


Figure 3-5: Services Screen

4. When the **Service Profile** screen opens, enter the service information used for encounters/billing. The following list describes each field on the service profile. Measure Type is one of the most important things to consider when setting up a new service. Ask yourself, if I were to pay someone for this service, how would I pay them on a unit basis or by the duration of the amount of time they have spent with the client?

Table 3-2: Service Profile fields

Field	Description
Service #	System generated number that uniquely identifies each service (helpful for reporting). This field is read-only and the number will be generated once the new service is saved.
Procedure Code	In the drop-down field, select from options previously entered in the "Procedure" code table.
Description	Type the name of service; this should be descriptive so that clinicians know exactly what the service is when they select services in other areas of the system.

Field	Description
Modifier(s) 1, 2, 3, 4	If there are multiple services that use the same procedure code, select one or more Modifiers for this service. If an option is not available in the modifier drop-down field, new modifiers can be added the "Procedure Modifier" code table.
Category Service Level	This field defaults to Individual/None. Other options include, Parent and Child.
Measure Type	Select Unit or Duration. If "Duration" is selected, this will enforce the duration fields on the Encounter screen.
Rendering Provider Required	Select Yes or No. If "Yes" is selected, the name of the rendering staff member will be a required field on an Encounter for this service.
Date Span Allowed	Select Yes or No. If "Yes" is selected, an Encounter with this service will be able to start and end on different dates.
Effective Date	Select the earliest date providers could start using this service.
Expiration Date	When an expiration date is set on a service profile, the service will not be available for use throughout the system past the expiration date.
Add-On Level	Select an option from the drop-down list. Options include, None, Add-On and Primary.
Start/End Time Required	Select Yes or No. If "Yes" is selected, the Start Time and End Time fields will be required to save an Encounter with this service.
ATR Service	Select No.
Created Date	Read-only field.
Selected Domains	Select one or more domains for this service.

Service Profile

<p>Service # <input type="text"/></p> <p>Description <input type="text"/></p> <p>Measure Type <input type="text"/></p> <p>Rendering Provider Required <input type="text" value="Yes"/></p> <p>Date Span Allowed <input type="text" value="Yes"/></p> <p>Effective Date <input type="text"/></p> <p>Expiration Date <input type="text"/></p> <p>Add-On Level <input type="text" value="None"/></p> <p>Start/End Time Required <input type="text" value="No"/></p> <p>Created Date <input type="text"/></p> <p>ATR Service <input type="text" value="No"/></p> <p>SAIS Service Code <input type="text"/></p> <p>ATR Modality <input type="text"/></p> <p>ATR Service Category <input type="text"/></p> <p>Default ATR Units <input type="text"/></p>	<p>Procedure Code <input type="text"/></p> <p>Modifier 1 <input type="text"/></p> <p>Modifier 2 <input type="text"/></p> <p>Modifier 3 <input type="text"/></p> <p>Modifier 4 <input type="text"/></p> <p>Category Service Level <input type="text" value="Individual/N..."/></p>
--	---

Domains

<ul style="list-style-type: none"> Substance Abuse ATR Problem Solving Court Recovery Support Services (RSS) 	<input type="button" value=">"/> <input type="button" value="<"/>	<p>Selected Domains</p>
--	--	-------------------------

Figure 3-6: Service Profile screen

- Click **Save** and then click **Finish**. Add additional services as needed. As a timesaving feature, you may also clone any current service using the **Clone** link in the **Actions** column.

IP Whitelist Administration	Service List (Export)											Add New Service
Actions	Svc #	Service Description	Procedure	Category Service Level	Category Service(s)	Add-On Level	Measure TYPE	Reqd. Req	Allow Date Span	Start/End Time Required	Effective	Expiration
	2	Child Care	3020	Individual/None		None	Unit	No	No	Yes	9/30/2010	
	7	Employment Services	3030	Individual/None		None	Unit	No	No	Yes	1/24/2011	
	1243	Employment Services \ Life Skills	3030/RS	Individual/None		None	Unit	No	No	Yes	1/24/2016	
		Other	3030/RS/U1	Individual/None		None	Unit	No	No	Yes	1/24/2016	
		ation Services	3040/09	Individual/None		None	Unit	No	No	No	12/17/2011	
	3	Spiritual Support	5050	Individual/None		None	Unit	No	No	Yes	9/30/2010	

Client Service Cap



Where: **System Administration > Services > Service Profile > Client Service Cap**

Caps may be set up for individual services to limit the dollar amount that a client may receive. These caps are enforced just like the standard client cap, but for the specific service. A Default Service Cap will be created for the service and will be applied to any client with a voucher. As with Standard Client Caps, the service cap may be modified for an individual client by clicking the action Add Client Service Cap.

1. Click System Administration, and then click **Services**.
2. Locate a service, hover over the Actions column, and then click the **Profile** link.
3. On the Service Profile screen, notice the Administrative Actions box, and then click **Client Service Cap**.

The screenshot shows the 'Service Profile' configuration page. Key elements include:

- Service #:** 1243
- Description:** Employment Services \ Life Skills
- Procedure Code:** 3030-Employment Services
- Measure Type:** Unit
- Rendering Provider Required:** No
- Date Span Allowed:** No
- Effective Date:** 1/24/2016
- Expiration Date:** (empty)
- Add-On Level:** None
- Start/End Time Required:** Yes
- Created Date:** 6/16/2017 5:53 PM
- ATR Service:** No
- SAIS Service Code:** (empty)
- ATR Modality:** (empty)
- ATR Service Category:** (empty)
- Default ATR Units:** (empty)
- Domains:** (empty list)
- Selected Domains:** Substance Abuse, ATR, Problem Solving Court, Recovery Support Services (RSS)
- Administrative Actions:** Client Service Cap (highlighted with a red arrow)
- Buttons:** Cancel, Save, Finish

Figure 3-7: Service Profile, Administrative Actions box, Client Service Cap link

4. On the Service Plan Default Cap screen, click **Add Default Service Cap**.

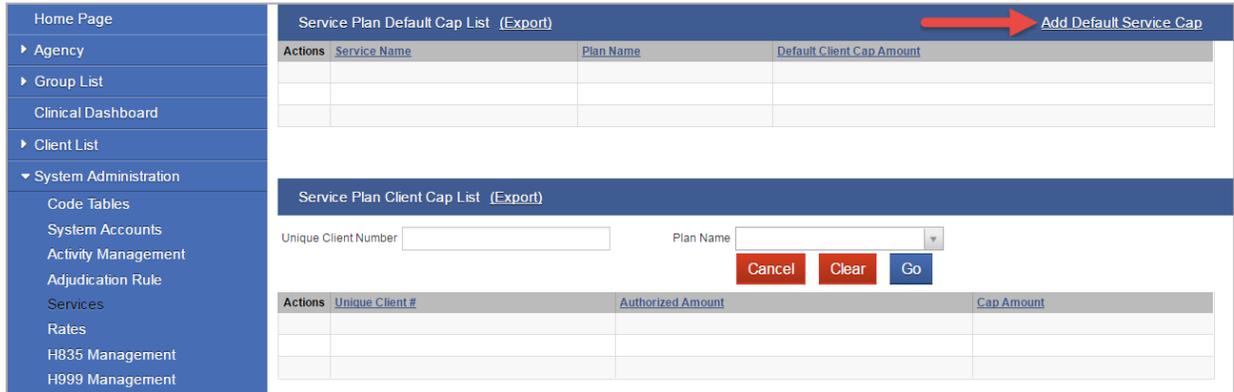


Figure 3-8: Service Plan Default Cap List, Add Default Service Cap link

5. The **Service Plan Cap Profile** screen allows a default cap amount to be entered for the service by client. Enter the required information:

Table 3-3: Service Plan Cap Profile fields

Field	Description
Plan	Select a plan from the drop-down list.
Default Cap Amount	Enter the maximum dollar amount for this service.



Figure 3-9: Service Plan Cap Profile screen

6. Click **Save** then click **Finish**. The Default cap will now appear in the Default cap list for the service.

Add Client Service Cap

As with Standard Client Caps, the service cap may be modified for an individual client.

7. Hover over the Actions column, and then click **Add Client Service Cap**.

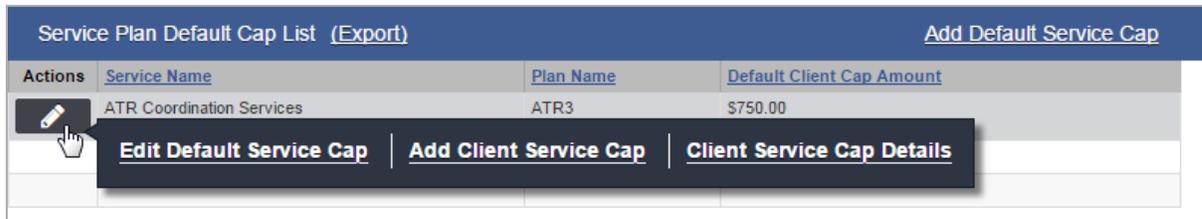


Figure 3-10: Service Plan Default Cap List screen, Action links

8. On the Service Plan Client Cap Profile screen, enter the following information:

Table 3-4: Service Plan Client Cap Profile fields

Field	Description
Unique Client Number	Enter the client's UCN.
Cap Amount	Type the dollar amount for this service.
Comments	(Optional) Type any comments regarding the change.

The screenshot shows the "Service Plan Client Cap Profile" screen. It features a form with the following fields: "Plan Name" (pre-filled with "ATR3"), "Unique Client Number", "Cap Amount", "Authorized Amount", and "Comments". The "Unique Client Number" and "Cap Amount" fields are highlighted in yellow. At the bottom right, there are three buttons: "Cancel" (red), "Save" (green), and "Finish" (blue). Below the form is a "Service Plan Client Cap History" table with columns for "Date/Time", "Change", and "Created by".

Figure 3-11: Service Plan Client Cap Profile screen

9. Click **Save**, then click **Finish**.

Part 4: Contract Management

Contract Set Up



Where: Agency > Contract Management > Contract List

A contract establishes a fiscal relationship between a Provider agency and a Contractor agency. Contracts may cover multiple funding sources and authorization periods. While all Provider agencies may view their contracts, only Contractor agencies may set them up and edit them. Providers may have active contracts with more than one Contractor.

1. On the left menu, click **Agency**, then click **Contract Management**, and then click **Contract List**.
2. Click **Add Contract**.

Figure 4-1: Contract List screen

3. In the **Contract Profile** screen, proceed enter the information in the required fields including:

Table 4-1: Contract Profile fields

Field	Description
Contract #	Number will be set by your state agency.
Contract Name	There should only be one contract name
Contracting Agency Contact	Type the name of the contractor agency contact.
Contracting Agency Contact Email	Enter an email address of the contractor agency contact. Billing: an email will be sent whenever a claim item batch submission is accepted or rejected.
Provider Agency	Select the provider from the dropdown list. If the provider is not in the list, you will have to add them in the "Agency Profile" screen.
Provider Agency Contact Email	Enter an email address of the provider agency contact. Billing: an email will be sent whenever a claim item batch submission is accepted or rejected.
Status	Set this field to "Active" when the provider is actively providing services.
Domains	Select the appropriate domain(s).

Field	Description
Effective Date	Set the effective date of the contract. This date cannot be later than the earliest start date of any Authorization Periods you intend to associate with the contract.
Termination Date	A termination date should only be entered when the contract has been terminated with the provider.

The screenshot shows the 'Contract Profile' form. On the left is a navigation menu with options like 'Agency List', 'Facility List', 'Billing', and 'Contract Management'. The main form area contains various input fields and dropdowns. The 'Effective Date' and 'Termination Date' fields are highlighted in yellow. The 'Status' dropdown is also highlighted. The 'Email to Contractor on Provider Submit' dropdown is set to 'Off'. At the bottom, there are 'Cancel', 'Save', and 'Finish' buttons. Below these is an 'Administrative Actions' box with links for 'Associated Plans', 'Contracted Facilities', 'Authorization Period', and 'Monthly Cap'.

Figure 4-2: Contract Profile

- Once the Contract Profile screen is complete, click **Save** and continue additional setup by clicking the links in the Administrative Actions box.

Add Associated Plans

- In the Administrative Actions box, click **Associated Plans** to select a plan that will be associated with this contract.

Note: The Plan was created in section, "Create a Payor Plan (One Time Set-Up)" on page 6.



- When the **Contract-Plan List for Contract #** screen opens, continue the setup by clicking **Add Plan**.



Figure 4-3: Contract-Plan List for Contract # screen

- The Plan drop-down field now appears at the bottom of the page. In the **Plan** drop-down field, select the plan name. There should only be one plan for this grant, which will be associated for each and every Contract Plan created for a provider.

Note: The Plan was created in section, "Create a Payor Plan (One Time Set-Up)" on page 6.



Figure 4-4: Associate Plan, Plan drop-down list

- Click **Save**.

Groups

- Note that the screen has been updated and the new plan now appears under **Contract-Plan List**. Next, click on the **Groups** link located under the **Actions** column.

Contract-Plan List for Contract # EXAMPLE

Contract: EXAMPLE Contract
Contract Type: Government Contract

Contract-Plan List [\(Export\)](#) [Add Plan](#)

Actions	Plan	Groups	Created by	Created On
	EXAMPLE Block Grant	Adolescent, Adults, Children	Carroll, Tim	8/20/2018

Groups

[Finish](#)

Figure 4-5: Contract-Plan List screen, Groups Actions link

- A new screen will appear called, **Contract-Plan-Group List for Contract #**. In the Available Groups box, click the desired group, then click the right mover button to add the selected group to the **Associated Groups** box. Note: The group(s) displayed in the Available Groups box were set up in the section titled Group List on page 8.
- Click **Finish**.

Contract-Plan-Group List for Contract # EXAMPLE

Contract: EXAMPLE Contract
Contract Type: Government Contract
Plan: EXAMPLE Block Grant

Available Groups

Associated Groups
Adolescent
Adults
Children

Created By: Carroll, Tim
Updated By: Carroll, Tim
Created On: 8/23/2018 10:49 A
Updated On: 9/18/2018 10:43 A

[Cancel](#) [Save](#) [Finish](#)

Figure 4-6: Contract-Plan-Group List for Contract #

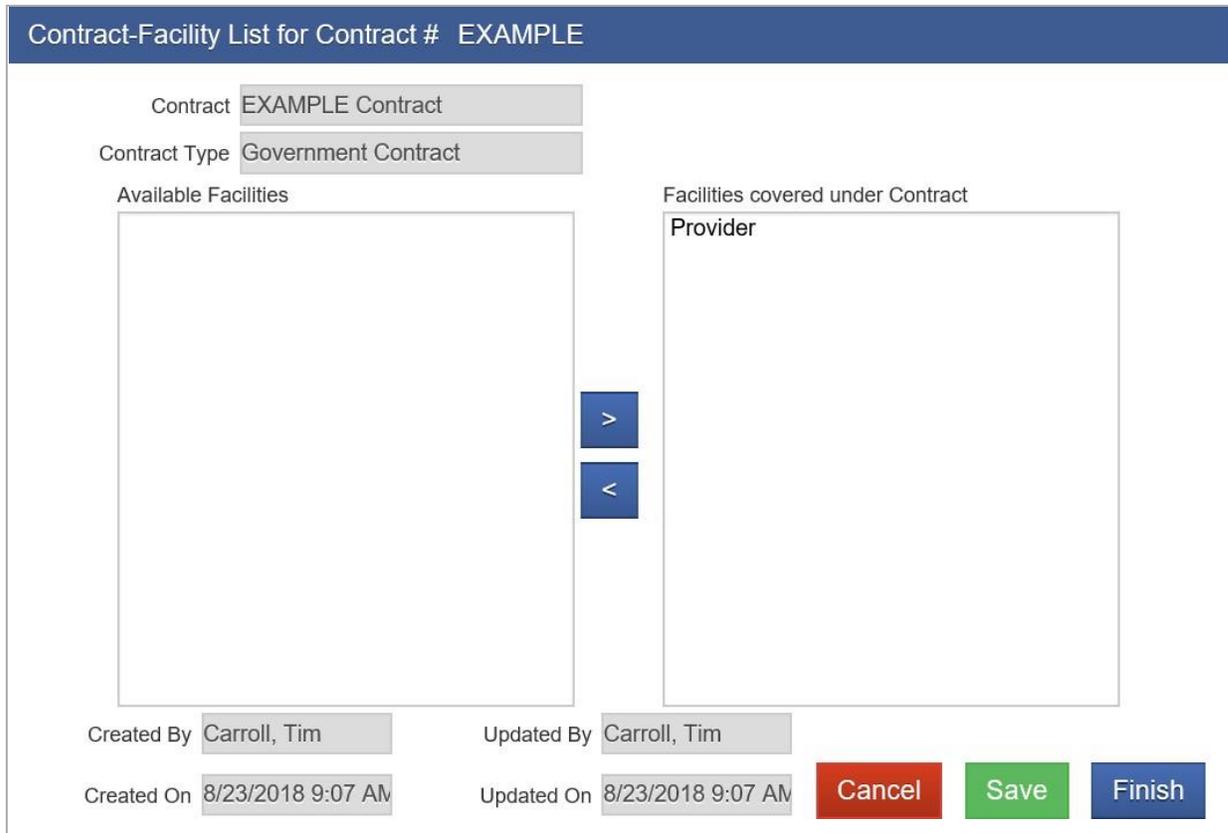
- On the Contract-Plan List screen, click **Finish**. This will return to the Contract Profile screen.

Assign Facilities to Contract

1. On the Contract Profile screen, in the Administrative Actions box, click **Contracted Facilities** to assign one or more facilities to this contract.



2. From the **Contract-Facility List for Contract #**, select the facilities to add to the contract from the **Available Facilities** box on the left and click on the right mover button to move the selection to the **Facilities covered under Contract** box.



The screenshot shows the 'Contract-Facility List for Contract # EXAMPLE' screen. At the top, there are two dropdown menus: 'Contract' with 'EXAMPLE Contract' selected and 'Contract Type' with 'Government Contract' selected. Below these are two large empty boxes: 'Available Facilities' on the left and 'Facilities covered under Contract' on the right. Between these boxes are two blue buttons with right and left arrows (> and <). At the bottom, there are two rows of text: 'Created By' and 'Updated By' both showing 'Carroll, Tim', and 'Created On' and 'Updated On' both showing '8/23/2018 9:07 AM'. To the right of this text are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue).

Figure 4-7: Contract-Facility List for Contract # screen

3. Click **Finish**. This will return to the Contract Profile screen.

Add Contract Authorization Period

Now that facilities have been assigned to the contract, add a contract authorization period for the contract.

Note: The Authorization Period was initially set up in the section titled, Authorization Period on page 2.

1. In the Administrative Actions box, click **Authorization Period**.



2. Next, on the Contract Authorization Period screen, click **Add New Period**.



Figure 4-8: Contract Authorization Period for Contract # screen

3. Note that the bottom section of the screen called, **Contract Authorization Period Profile**, is now active. Complete the required fields as shown in the table below.

Table 4-2: Contract Authorization Period Profile fields

Field	Description
Authorization Period	Select from the drop-down list.
Effective Date	Enter the first date that services can be rendered by this provider agency. This field pre-populates from the selected Authorization Period.
Termination Date	Enter the final date that services can be rendered by this provider agency. This field pre-populates from the selected Authorization Period.
Claim Filing Cutoff Date	This date is usually the final date to release encounters for billing.

Contract Authorization Period for Contract # 003

Contract: Opioid STR Contract Effective Date: 7/1/2017
 Provider: RSS Provider Ag Termination Date:

Authorization Period List for Opioid STR Contract (Export) Add New Period

Actions	Period #	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date

Contract Authorization Period Profile

Authorization Period:

Effective Date:

Termination Date:

Claim Filing Cutoff Date:

Authorization #:

Created By:
 Created Date:
 Updated By:
 Updated Date:

Cancel Save Finish

Figure 4-9: Contract Authorization Period Profile screen

4. Click **Save** and stay on this screen.

Tiers

5. Notice the new Authorization Period record has been added to the list. Hover over the Actions column and click **Tiers**.

Contract Authorization Period for Contract # 003

Contract: Opioid STR Contract Effective Date: 7/1/2017
 Provider: RSS Provider Ag Termination Date:

Authorization Period List for Opioid STR Contract (Export) Add New Period

Actions	Period #	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date
	39	2017	10/1/2017	9/30/2018	10/30/2018

Contract Authorization Period Profile

Authorization Period:

Effective Date:
 Termination Date:
 Claim Filing Cutoff Date:
 Authorization #:

Created By:
 Created Date:
 Updated By:
 Updated Date:

Finish

Figure 4-10: Authorization Period List screen, Tiers link

- A new screen will appear called, **Contract Tier Management**. Click on the **Add New Tier** link.

Figure 4-11: Add New Tier link

- Notice that the **Tier Profile** section has become active. Complete the information as shown in the table below.

Table 4-3: Tier Profile fields

Field	Description
Plan-Group	Select the Plan-Group name from the drop-down field.
Initial Authorized Amount	This field will default to \$0.00.
Status	Select Active from the drop-down field.
ASAM	(Optional)

Figure 4-12: Tier Profile screen

8. Once the Tier Profile is complete, click **Finish**.
9. On the Contract Tier Management screen, click **Finish**.
10. On the Contract Authorization Period screen, add additional periods if needed, or click **Finish**.

Monthly Cap

Once a contract is setup, an optional monetary cap may be set up for the provider agency. This monetary cap sets a limit on the amount the contracted provider agency can bill each month.

1. In the Administrative Actions box, click **Monthly Cap**.



2. Next, on the **Contract Monthly Cap** screen, click on the **Add New Monthly Cap** link.

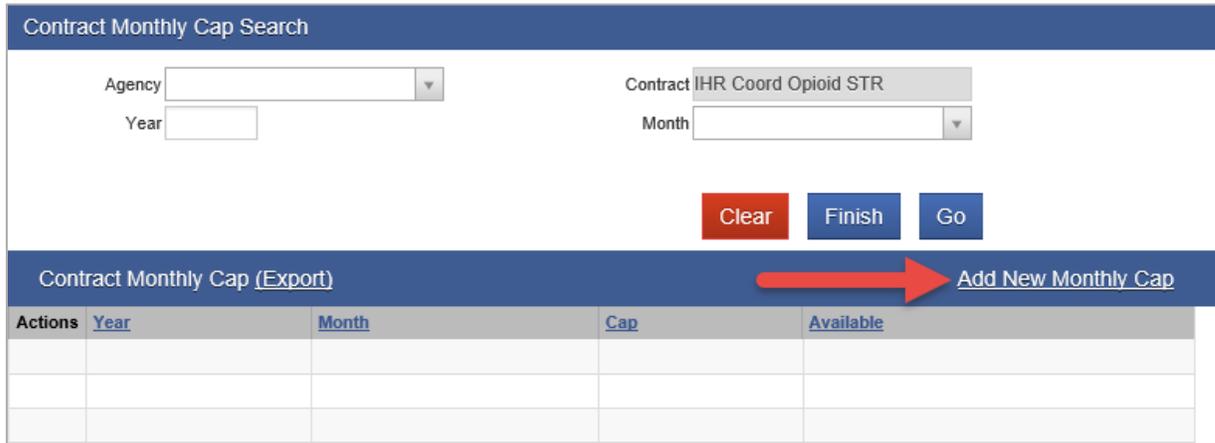


Figure 4-13: Contract Monthly Cap list screen, Add New Monthly Cap link

3. On the **Contract Month Cap** screen, complete the information as shown in the table below.

Table 4-4: Contract Month Cap fields

Field	Description
Year	Type the year.
Month	Select the month name from the drop-down field.
Cap	Type the dollar amount.

4. Click **Finish**. Add additional monthly caps as needed. Note that if no cap is set for a particular month, the provider agency will be able to release encounters to billing without any restriction (other than the voucher limit per client).



Figure 4-14: Contract Month Cap screen

5. To edit or delete a monthly cap, search for the monthly caps using the fields in the **Contract Monthly Cap Search** screen, then click **Go**.
6. Locate a monthly cap, hover over the Actions column and then click **Profile**. The **Delete** link, will delete the selected monthly cap, after a confirmation message.

Contract Monthly Cap Search

Agency

Year

Contract

Month

Clear
Finish
Go

Contract Monthly Cap [\(Export\)](#)
[Add New Monthly Cap](#)

Actions	Year	Month	Cap	Available
<div style="background-color: #333; color: white; padding: 5px; display: inline-block; margin-left: 5px;"> Profile Delete </div>	2017	7	\$5,000.00	\$5,000.00

Figure 4-15: Contract Monthly Cap screen, Action links

Contract Service Rate Set Up



Where: Agency > Contract Management > Contract Service Rate

Prerequisites:

- **Service Profiles** must be set up prior to creating Contract Service Rates. See *Create Service Profile* on page 17.
- **Contract Profiles** must be set up prior to creating Contract Service Rates. See *Contract Set Up* on page 23.

After setting up service profiles, add the rates associated to those services. Once a contract setup is complete, the Contract Service Rates may be set up.

1. On the left menu, click **Agency**, then click **Contract Management**, and then click **Contract Service Rate**.
2. On the Contract Service Rate screen, click **Add New Contract Rate**.

Figure 4-16: Contract Service Rate List screen

3. On the Contract Service Rate Profile screen, enter the information as shown in the table below.

Table 4-5: Contract Service Rate Profile fields

Field	Description
Service	Select a service from the drop-down list.
Duration Type	Select days, hours or minutes.
Duration	Enter the number of days, hours or minutes
Rate Type	<p>Non-contract Service: Service rate is excluded from a specific contract.</p> <p>Contract: Service rate is associated with a specific contract. The Contract dropdown field will become required if the Rate Type is Contract. Select which contract from the Contract dropdown list.</p> <p>Standard: Service rate is associated with all contracts.</p>
Group	Select from the drop-down list.
Contract	Select a contract from the dropdown list; this is available if you do not choose the "Standard" rate type.

Field	Description
Provider Facility	(Optional) Select a facility associated with the contract; this is available if you do not choose the "Standard" rate type.
Contractor	Read-only field.
Rate Per Unit	Enter the cost or time associated with the units.
Description	Enter the type of units you wish to use, e.g. hours, units, rides, etc. This description is not used to calculate.
Minimum Billing Units	Is there a minimum number of units needed before this service can be billed? If yes, enter the number of units in this field.
Minimum Days between Services	How often can this service be billed? How frequent can clients receive this service? Example: "0" means there is no limit to how frequently clients can bill for this service.
ASAM	(Optional) This field tracks down to the level of care and needs to be set this up on the contract – ASAM tier.
This service/rate may only be added by the Contractor	Defaults to "No".

Contract Service Rate Profile

Service

Rate Type

Group

Contract

Provider Facility

Contractor

Rate Per Unit

Description

Minimum Billing Units

Minimum Days between Services

ASAM

This service/rate may only be added by the Contractor

Duration Type

Duration

Effective Date

Expiration Date

Created Date

Created By

Updated Date

Updated By

Figure 4-17: Contract Service Rate Profile Screen

4. Click **Finish**.
5. Add additional Contract Service Rates as needed.

NOTE • A service with rate type of "**Contract**" is associated with a specific contract. A service with rate type "**Standard**" is associated with all contracts, but a service with rate type "**Non-contracted Service**" may be added to exclude a specific contract. In addition to the definition of the rate, the contract service rate setup step is important to determine which services each Provider can render.

Part 5: Payor Adjudication



Where: Agency > Billing > Payor Adjudication > Claim Submission

The **Payor Adjudication** section can be accessed only by the Contractor Agency staff. A scheduled task is setup to launch the Pre-Adjudication rules and automatically set submitted claims to pay, pend or deny adjudication actions.

To view these Pre-Adjudication rules, click the **System Administration** menu item, and then click **Adjudication Rules**.

The **Claim Submission** section allows Contractor Agency Staff members to review the claim batches submitted by the Provider agencies.

1. In the left menu, click **Agency**, then **Payor Adjudication**, then click **Claim Submission**.
2. Use the fields in the **Provider Claim Submission Search** section to select the search criteria, then click **Go**.

The search results will display below in the Provider Claim Submission List section.

3. Find the desired Claim Submission, and then click on the **Profile** link from the **Actions** column.

Actions	Claim Submission Id	Contract Name	Provider	Charge	Rec'd Date	Status	Fully Adjudicated	Pend Cnt	Batch #
	147	ABC Associates - ATR4	ABC Associates	\$4,891.00	12/9/2014	Accepted	No	0	1152
	146	ABC Associates - ATR4	ABC Associates	\$210.00	12/4/2014	Accepted	No	0	1151
	145	Helping Hands - ATR4	Helping Hands	\$4,891.00	12/1/2014	Accepted	No	0	1150
	144	Helping Hands - ATR4	Helping Hands	\$126.00	11/25/2014	Accepted	No	0	1149
	143	Helping Hands - ATR4	Helping Hands	\$121.00	11/25/2014	Accepted	No	0	1148
	142	West Care Coordination (ATR4)	West Care Coordination Inc.	\$2,160.00	11/24/2014	Accepted	No	0	1147
	141	Helping Hands - ATR4	Helping Hands	\$2,434.00	11/7/2014	Accepted	No	0	1146
	140	West Care Coord	West Care Coordination Inc.	\$6,720.00	11/7/2014	Accepted	No	0	1145
	139	West Care Coord	West Care Coordination Inc.	\$720.00	11/7/2014	Accepted	No	0	1144

Figure 5-1: Provider Claim Submission List screen, Profile link

Note: Claim batches submitted by Provider Agency have a "Queued" Status. Once the Provider Claim Submission Processor task has run, the Provider Claim batch becomes "Accepted". This means that the claims have *been either* Paid, Denied or Pended.



Figure 5-2: Provider Claim Submission Profile screen

4. On the **Provider Claim Submission Profile** screen, click on the **Export Services List** link to see details of the Claim batch in Excel. An Excel file will then download. Open the file to view the claim batch details.

If the claim submission has any **pending claims**, you may want to click on the **Adjudicate Contract** link under the Administrative Actions, on the **Provider Claim Submission Profile** screen. This link will redirect to the **Contract Adjudication** screen.

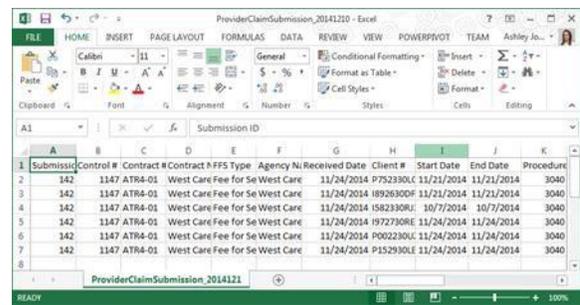
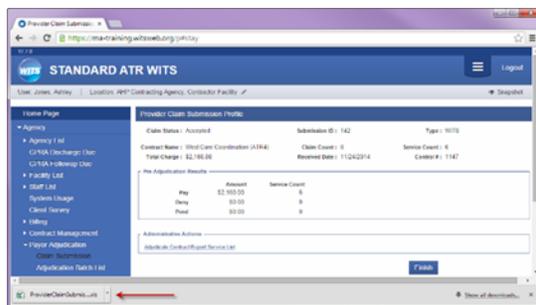


Figure 5-3: Provider Claim Submission Profile, Adjudicate Contract link

The screenshot shows the 'Adjudication for West Care Coordination (ATR4)- West Care Coordination Inc.' interface. The left sidebar contains a navigation menu with 'Payor Adjudication' selected. The main area has search filters for Authorization Period FY (2014-2015), Adjustment Group, Adjustment Reason, Reviewed Indicator, Claim Lines Returned (100), Adjudication Rule, Adjudication ID, and Tier ID. Below these are 'Clear' and 'Go' buttons. A 'Tier Summary' table is empty. The 'Claim Line Adjudication for 2014-2015' table is also empty. At the bottom, there are 'Cancel' and 'Save' buttons, and a status bar showing 'Projected Expended - Batch Total' as \$0.00 with links for 'Finalize Adjudication', 'Close Out', and 'Re-Adjudicate Contract'.

Figure 5-4: Contract Adjudication screen

- In the **Adjudication** section, enter search criteria in the fields, then click **Go**.
- The claims will then display below in the **Claim Line Adjudication** list. Review the claims, and then click on **Profile** link in the **Actions** column to change the Adjudication Action.

This screenshot shows the same interface as Figure 5-4, but with data populated in the 'Claim Line Adjudication for 2014-2015' table. The 'Tier Summary' table now shows one row for Tier ID 26 with Encumbered: \$3,960.00, Expended: \$0.00, and Unexpended: \$3,960.00. The main table has 5 rows of claim data. The 'Actions' column for the second row (Adjudication ID 397) has a 'Profile' link highlighted by a mouse cursor. The status bar at the bottom shows 'Projected Expended - Batch Total' as \$3,960.00.

Tier ID	Encumbered	Expended	Unexpended	Proj. Expended Batch	Plan	Group	ASAM
26	\$3,960.00	\$0.00	\$3,960.00	\$3,960.00	ATR4	ATR4	

Actions	Rvwd	Update Status	Adjudication ID	Procedure	Service Date	Units	Adjud Action	Charge	Calc Payment	Cost Share	OIC Payment	Adjudication Rule	Tier ID
	<input type="checkbox"/>	<input type="checkbox"/>	395	3040/09	10/3/2014	1.00	Pay	\$360.00	\$360.00	\$0.00	\$0.00		26
	<input type="checkbox"/>	<input type="checkbox"/>	397	3040/09	10/7/2014	1.00	Pay	\$360.00	\$360.00	\$0.00	\$0.00		26
	<input type="checkbox"/>	<input type="checkbox"/>	441	3040/09	10/7/2014	1.00	Pay	\$360.00	\$360.00	\$0.00	\$0.00		26
	<input type="checkbox"/>	<input type="checkbox"/>	398	3040/09	10/26/2014	1.00	Pay	\$360.00	\$360.00	\$0.00	\$0.00		26
	<input type="checkbox"/>	<input type="checkbox"/>	399	3040/09	11/5/2014	1.00	Pay	\$360.00	\$360.00	\$0.00	\$0.00		26

Figure 5-5: Claim Line Adjudication list, Profile link

- When the profile screen opens, click on the **Adjudication Action** dropdown menu to select from four options: **Pay**, **Deny**, **Pend**, and **Pending**.

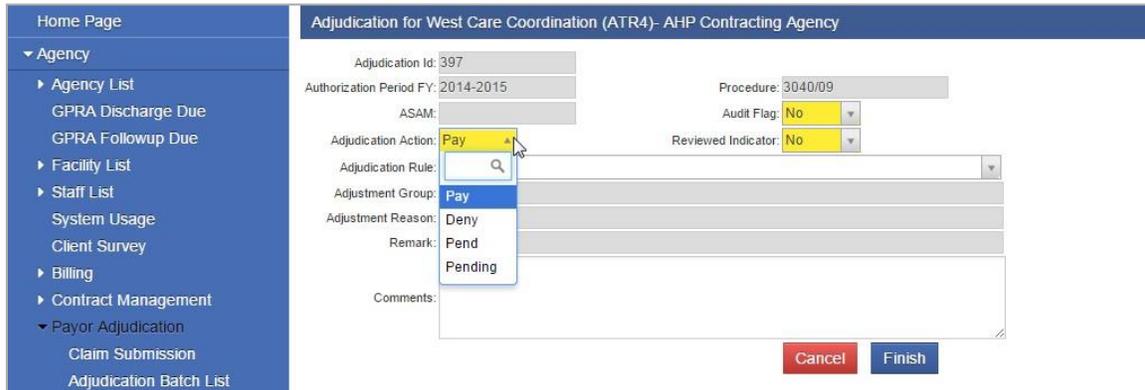


Figure 5-6: Adjudication profile screen, Adjudication Action dropdown menu

- Once the Adjudication Action is selected, click **Finish**.
- Next, click on the **Finalize Adjudication** link to execute the adjudication actions.

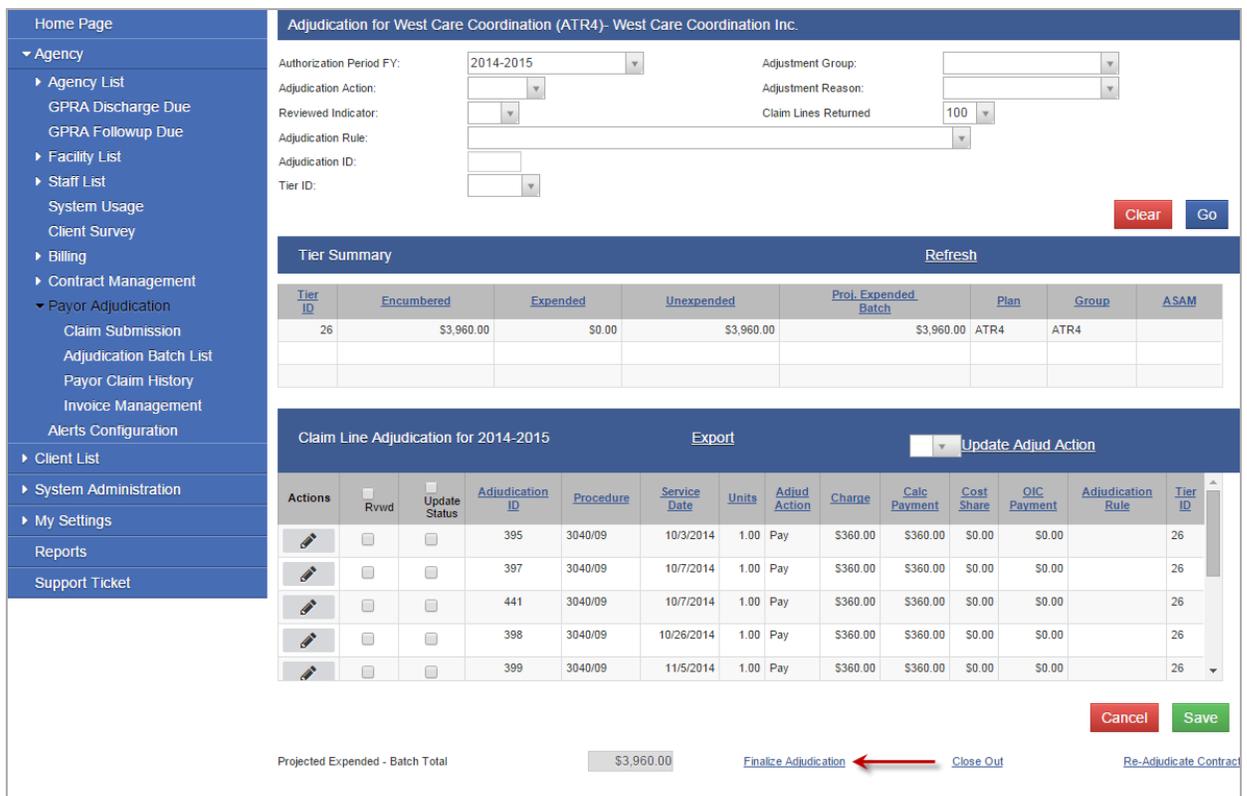


Figure 5-7: Adjudication screen, Finalize Adjudication link

- Clicking the **Finalize Adjudication** link will then display a confirmation message. Click **Yes** to finalize the payment, or **No** to abort it.



- To review the finalized claims, click on the **Payor Claim History** link in the left menu.
- Enter search criteria in the **Claim Line History Search** screen, then click **Go**.
- The list of Adjudicated claims will appear under the **Adjudicated Claim Lines** section.

Home Page

- ▼ Agency
 - ▶ Agency List
 - GPRA Discharge Due
 - GPRA Followup Due
 - ▶ Facility List
 - ▶ Staff List
 - System Usage
 - Client Survey
 - ▶ Billing
 - ▶ Contract Management
 - ▼ Payor Adjudication
 - Claim Submission
 - Adjudication Batch List
 - Payor Claim History
 - Invoice Management
 - Alerts Configuration
 - ▶ Client List
 - ▶ System Administration
 - ▶ My Settings
 - Reports
 - Support Ticket

Claim Line History Search

Auth Period FY:

Claim Line Reference:

Service:

Date of Service:

Adjudication Date:

Authorization Number:

Contract Name:

Plan:

Group:

Unique Client Number:

Audit:

Adjudicated Claim Lines (Export)

Actions	Ref #/ EnclID	Adjudication Batch ID#	Auth #	Procedure	Start Date	Units	Adjudication Action	Charge	Payment	Cost Share	OIC Payment	Adjud Date	Audit
	408	37	425	H2023/R1	3/4/2014	1.00	Paid	\$428.00	\$428.00	\$0.00	\$0.00	3/19/2014	No
	409	37	427	H2014/CF	3/4/2014	3.00	Paid	\$24.00	\$24.00	\$0.00	\$0.00	3/19/2014	No
	405	37	421	H2023/EM	2/25/2014	5.00	Paid	\$500.00	\$500.00	\$0.00	\$0.00	3/19/2014	No
	406	37	421	H2014/CF	2/25/2014	30.00	Paid	\$240.00	\$240.00	\$0.00	\$0.00	3/19/2014	No
	407	37	422	H0038/ME	2/25/2014	12.00	Paid	\$84.00	\$84.00	\$0.00	\$0.00	3/19/2014	No
	400	37	417	H0038	2/19/2014	4.00	Paid	\$28.00	\$28.00	\$0.00	\$0.00	3/19/2014	No
	401	37	418	H0038	2/17/2014	6.00	Paid	\$42.00	\$42.00	\$0.00	\$0.00	3/19/2014	No

Figure 5-8: Payor Claim History screen, Adjudicated Claim Lines section