

SHARES Provider Manual – IV. Service Requests

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SUBMITTING A SERVICE REQUEST

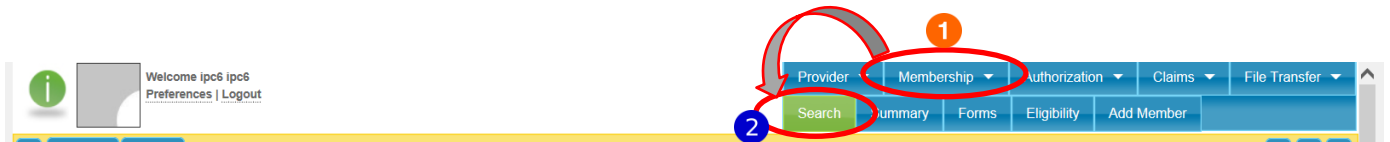
The following steps are needed to submit a Service Request for a member:

1. In SHARES, Search for the desired member and open their record.
2. Go to the Authorization module and select Service Request.
3. Submit the Service Request and accompanying forms (as applicable).

Below are those steps in greater detail:

SEARCHING FOR A MEMBER

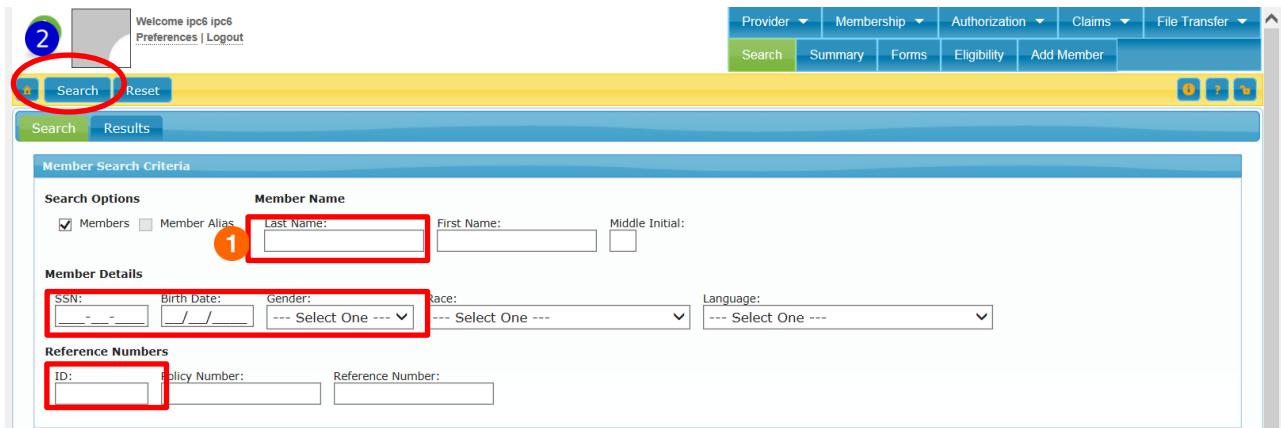
To search for a member, go to **Membership** and choose **Search** to bring up the Search form.



In order to find and select a member, you must enter enough information in the search criteria screen. The required data combinations to search for a member are:

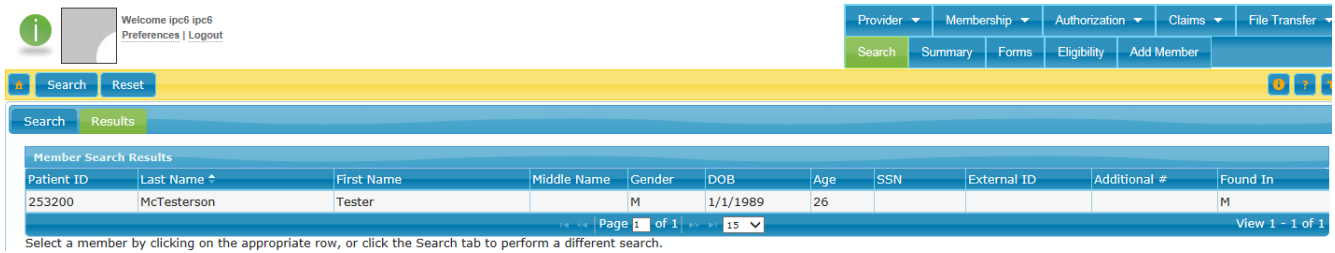
- Patient ID (also referred to as the SHARES ID)
- [Last Name, Birth Date, Gender]
- [Last Name, SSN, Gender]

1. Enter your search criteria
2. Click on the Search button



RESULTS SCREEN

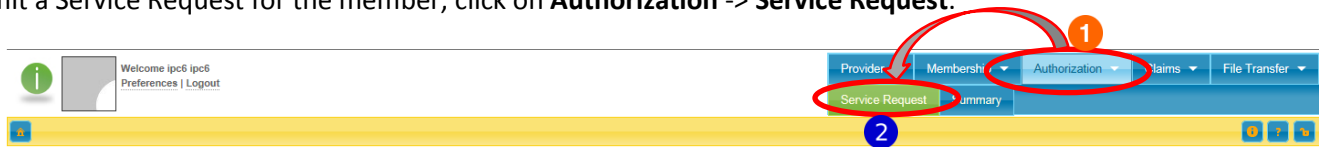
Once you click search, you will be taken to the **Results** tab. If the member is enrolled in SHARES, you will see their record in the results. Simply double click anywhere on the row with their name to open their record.



If the member is not enrolled in SHARES, you will see “no results” displayed. You will then need to enroll that member.

ADDING A SERVICE REQUEST

To submit a Service Request for the member, click on **Authorization -> Service Request**.



STEP 1. “SELECT”

You will now see the first step of the Service Request. Fill out each section as described below:



1. The **priority** can remain “normal”.
2. **Services provided by:** This is asking if your agency will be providing the services, or if a different agency will be. If it is your agency, choose “You”. Most Service Requests will be done for your agency. If you are requesting residential services, they may be provided by another agency. In that case, select “Other Provider(s).”
3. Select the services from the dropdown.
4. Select the “Authorization Plan” for the service(s) you want to request. Some Authorization Plans have multiple services available, such as “FRAN Medicaid Taxonomy Services.” Available services appear once the Authorization Plan is chosen.

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria 2 Define Service Defaults 3 Update Services 4 View Request Summary

Notes

Request Criteria

Priority:*
Normal

Services provided by:
 You (NORTH CENTRAL MENTAL HEALTH SERVICES INC)
 Other Provider(s)
 You and other Provider(s)

Specify Service Site:
NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH

Effective Date for this request is:
09/18/2015

and the Default Insurance is:
Franklin County Board / Franklin Standard (08/20/2014- 12/31/2016)

Choose your Authorization Plan:
FRAN Medicaid Taxonomy Treatment Services (365)

Check off Services that you want to include in this request:

| Service | Proc/HCPCS/Rev Code |
|---------------------------------------------------------------------------------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> MH - Counseling and Therapy - H0004HE-BH Counseling and Therapy - Individual MH | |
| <input type="checkbox"/> MH - Counseling and Therapy - H0004HQ-BH Counseling and Therapy - Group MH | |
| <input checked="" type="checkbox"/> MH - CPST - H0036HE-Community Psychiatric Supportive Tx - Indi | |
| <input type="checkbox"/> MH - CPST - H0036HQ-Community Psychiatric Supportive Tx - Grou | |
| <input type="checkbox"/> MH - Outpatient Treatment - 90792-Psychiatric Diagnostic Evaluation-Physician | |
| <input type="checkbox"/> MH - Outpatient Treatment - 90863-Pharmacologic Mgt | |
| <input checked="" type="checkbox"/> MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys. | |

back next

- Check the box(es) for the services to be provided according to the member’s treatment plan. Once all services have been checked, click on the “Next Box” to proceed to Step 2.

STEP 2. “DEFINE”

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria 2 Define Service Defaults 3 Update Services 4 View Request Summary

Selected Criteria

P NORTH CENTRAL MENTAL HEALTH SERVICES INC
R NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH
S MH - Counseling and Therapy - H0004HE-BH Counseling and Therapy - Individual MH
 MH - CPST - H0036HE-Community Psychiatric Supportive Tx - Indi
 MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.

Notes

Service Defaults

Default service dates to:

Service Start Date:* 09/18/2015 Service End Date:* 09/16/2016 Maximum allowed duration is:* 365

Include information from the Form: --- Select One ---

Set service objective:

Enter admission information:

First Session Date: Admission Date: Referral From: Referral Type: Commitment Code: Admission Quality Code:

Enter discharge information:

Discharge Date: Discharge Reason: Discharge Quality Code:

Enter admission and discharge diagnosis:
No diagnosis records added.

Link Service Request to episode:
Episode: --- Select One ---

back next

The next step input page will appear.

The Board will only require input in the upper portion of the page. Other features are not going to be used at this time.

1. Review the services that are to be requested (highlighted in yellow. If one was added in error, it can be deleted by clicking the trash can at the end of the service description. If one is missing, click the “Back” button at the bottom right of the page.
2. The service dates will automatically populate beginning with today’s date and ending on the date of the period determined by the “Maximum allowed duration.”

If beginning on today’s date is acceptable, nothing in those boxes need changed. If services have already begun, you will need to back date the start. For SHARES go-live, the start date should be 1/1/2016 or later.

3. For Medicaid Taxonomy Services, the duration would typically be 365 and 366 for Leap Years.
4. Once the dates and duration are set, a form must be added. Click on “Add Form.”

The form required for the Authorization Plan will appear. Complete the form, fields marked in red are required.

Once the form has been completed, click on “Save.”

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria | 2 Define Service Defaults | 3 Update Services | 4 View Request Summary

Selected Criteria

P NORTH CENTRAL MENTAL HEALTH SERVICES INC
R NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH

S MH - Counseling and Therapy - H0004HE-BH Counseling and Therapy - Individual MH
MH - CPST - H0036HE-Community Psychiatric Supportive Tx - Indi
MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.

Notes

Service Defaults

Default service dates to:
Service Start Date: 01/01/2016 | Service End Date: 12/31/2016 | Maximum allowed duration is: 366

Include information from the Form:
Clinical form - Unspecified - Service Request - Clinical Notes - 2015-09-18 0 - ipc6, ipc6

- Once the form is added and saved, it must be selected from the drop-down. Note that previously added forms will also appear in the drop-down, so be sure to select the form that you just added.

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria | 2 Define Service Defaults | 3 Update Services | 4 View Request Summary

Selected Criteria

P NORTH CENTRAL MENTAL HEALTH SERVICES INC
R NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH

S MH - Counseling and Therapy - H0004HE-BH Counseling and Therapy - Individual MH
MH - CPST - H0036HE-Community Psychiatric Supportive Tx - Indi
MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.

Notes

Service Defaults

Default service dates to:
Service Start Date: 01/01/2016 | Service End Date: 12/31/2016 | Maximum allowed duration is: 366

Include information from the Form:
Clinical form - Unspecified - Service Request - Clinical Notes - 2015-09-18 0 - ipc6, ipc6

Next click on the first of the yellow highlighted services. This will take you to Step 3.

STEP 3. "UPDATE"

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria | 2 Define Service Defaults | 3 Update Services | 4 View Request Summary

Selected Criteria

P NORTH CENTRAL MENTAL HEALTH SERVICES INC
R NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH

S MH - Counseling and Therapy - H0004HE-BH Counseling and Therapy - Individual MH
MH - CPST - H0036HE-Community Psychiatric Supportive Tx - Indi
MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.

Notes

Note that on **Step three** the first service is highlighted in green; that is the initially selected service to be reviewed.

All the fields should populate automatically as you click through each service. Verify that the information is correct.

Click on each of the other services, one at a time and verify that all information is correct.

The screenshot displays the SHARES Provider Manual interface for a service request. At the top, there is a navigation bar with tabs for 'Provider', 'Membership', 'Authorization', 'Claims', and 'File Transfer'. Below this, a yellow banner shows the current service: 'MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.'. The main content area is titled 'Service Updates for: MH - Outpatient Treatment - H0031-MH Assessment - Non-Phys.' and contains several sections:

- Set Service Dates:** Includes 'Service Start Date' (01/01/2016) and 'Service End Date' (12/31/2016) with a 'View Availability' button.
- Set Place of Service and Modifiers:** Includes a text field for '(if specific):' and a grid for '(if needed):'.
- You are requesting:** Includes 'Units' (16), 'Frequency' (96), 'Times' (1), 'UOM' (Daily), and 'Session Length' (15).
- Provider and Insurance:** Includes 'Provider' (NORTH CENTRA MH) and 'Insurance covering this service is' (Franklin County Board / Franklin Standard).
- Include information from the form:** Includes a dropdown menu and 'Add Form' and 'Edit Form' buttons.
- Set service objective:** Includes a dropdown menu.
- Enter admission information:** Includes 'First Session Date', 'Admission Date', 'Referral From', 'Referral Type', 'Commitment Code', and 'Admission Quality Code'.
- Enter discharge information:** Includes 'Discharge Date', 'Discharge Reason', and 'Discharge Quality Code'.
- Enter admission and discharge diagnosis:** Includes a message 'No diagnosis records added.' and '+', 'e', and '-' buttons.
- Link Service Request to episode:** Includes an 'Episode' dropdown menu.

In the bottom right corner, there are two buttons: 'back' and 'next'. The 'next' button is highlighted with a red box.

Once all services have been viewed and verified, click the “Next” box in the bottom right.

STEP 4. "VIEW"

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Current Member:

1 Select Request Criteria 2 Define Service Defaults 3 Update Services 4 View Request Summary

Notes

Request Summary

Service Request for Member: Process Print

Requesting Provider: NORTH CENTRAL MENTAL HEALTH SERVICES INC

Rendering Provider: NORTH CENTRA MH 1301 NORTH HIGH STREET COLUMBUS OH

Insurance: Franklin County Board / Franklin Standard (08/20/2014- 12/31/2016)

Form: Clinical form - Unspecified - Service Request - Clinical Notes - 2015-09-18 0 - ipc6, ipc6
View Form

| Service | Proc/HCPCS/Rev Code | Service Dates | Units | Place of Service | Modifiers |
|--------------------------------------------|---------------------|-------------------------|-------|------------------|-----------|
| MH - Counseling and Therapy - H0004HE-BH | | 01/01/2016 - 12/31/2016 | 208 | | |
| MH - CPST - H0036HE-Community Psychiatric | | 01/01/2016 - 12/31/2016 | 416 | | |
| MH - Outpatient Treatment - H0031-MH Asses | | 01/01/2016 - 12/31/2016 | 16 | | |

Service Objective:

back next

You will now be in Step 4 and one last chance to review the Service Request detail and go back if anything is incorrect. At this point everything should be correct, if so, click on the "Process" button near the top on the right.

Welcome ipc6 ipc6
Preferences | Logout

Provider Membership Authorization Claims File Transfer

Service Request Summary

Edit Save Cancel Delete Filter Reset Provider List

Filter By

| ID | SR ID | Auth Number | Provider Site | Phone | Procedure | Start Date | End Date | Units | MNC Determina |
|-------------------------------------|-------|-------------|---------------|-----------------------------------|------------|-------------------------|----------|------------|---------------|
| <input checked="" type="checkbox"/> | 1858 | 1711 | 201500002332 | NORTH CENTRAL MENTAL HEALTH SERVI | 6142996600 | H0031 - MH-OPTx-H0031 | 1/1/2016 | 12/31/2016 | 16 |
| <input type="checkbox"/> | 1857 | 1711 | 201500002333 | NORTH CENTRAL MENTAL HEALTH SERVI | 6142996600 | H0036 - MH-CPST-H0036HE | 1/1/2016 | 12/31/2016 | 52 |
| <input type="checkbox"/> | 1856 | 1711 | 201500002331 | NORTH CENTRAL MENTAL HEALTH SERVI | 6142996600 | H0004 - MH-C&T-H0004HE | 1/1/2016 | 12/31/2016 | 208 |

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Service Request Summary

SR ID: 1711 Priority: Normal Insurer: Franklin County Board

SRA #: A20150000782 Notification Status: MNC Determination: p e +

Check Capacity: No Appeal Status: MNC Determination Reason:

Service Request Detail Selected Id : 1858 Modified by : System, System Modified on : 9/18/2015 10:47 AM

Provider Name: NORTH CENTRAL MENTAL HEALTH SERVICES INC - 1301 NORTH HIGH STREET, COLUMBUS, OH 43201-9999(IN) Procedure: H0031 - MH-OPTx-H0031 Requested Dates: 1/1/2016 - 12/31/2016 p e

Requested Units: 16

Start Date: 01/01/2016 End Date: 12/31/2016 Units: 16 1st Offered Date: 1st Offered Time: 1st Appointment Date: 1st Appointment Time: External Number: Episode: --- Select One ---

Authorization Status: Approved Authorization Reason: --- Select One -- Authorized By: Unspecified Select User

Benefits: --- Select One --- Rates: --- Select One --- Frequency: 1 1 Daily UOM: Session Length of Session: (minutes) 15

Objective:

You will now be on the Service Request Summary page. Details of each service can be reviewed from this page by clicking on the line of each entry. As you click through each entry, you will see the details display at the bottom in the Summary and Details sections.