

SHARES Provider Manual – VI. Prevention

CONTENTS

Prevention Process	2
Selecting a Group Member and Accessing the Forms	2
Searching for a Group Member.....	2
Results Screen.....	3
Adding a Form	3
Notes:	4
Submitting a Simple Claim.....	5
Claims Module.....	5
Claim Status.....	9
Editing and Resubmitting Claims	10
Requesting New / Changing Group Members	11

PREVENTION PROCESS

There are two processes involved for Prevention services in SHARES.

1. The first process is the data collection in SHARES. This is done by selecting the “group member” and completing the Prevention forms within SHARES. The group member is a sort of pseudo member in the SHARES system. Very similar to a real member’s record, the group member is assigned a SHARES ID and lists basic information such as program name, session, and address. Group members identify the program where services are provided to groups of individuals, not a specific individual.

Group members are created in SHARES by ADAMH Board staff. If you have a new program and would like a new group member created, please see the [instructions](#) within this manual for that process.

2. The second process is to submit claims for those Prevention services rendered.

This manual will guide you through both processes.

SELECTING A GROUP MEMBER AND ACCESSING THE FORMS

The following steps are needed to fill out Prevention forms for the group member:

1. In SHARES, Search for the desired group member for the Prevention service and open the record.
2. Go to the Forms module and select the appropriate Prevention form.
3. Add the form and complete the information, save it when complete.

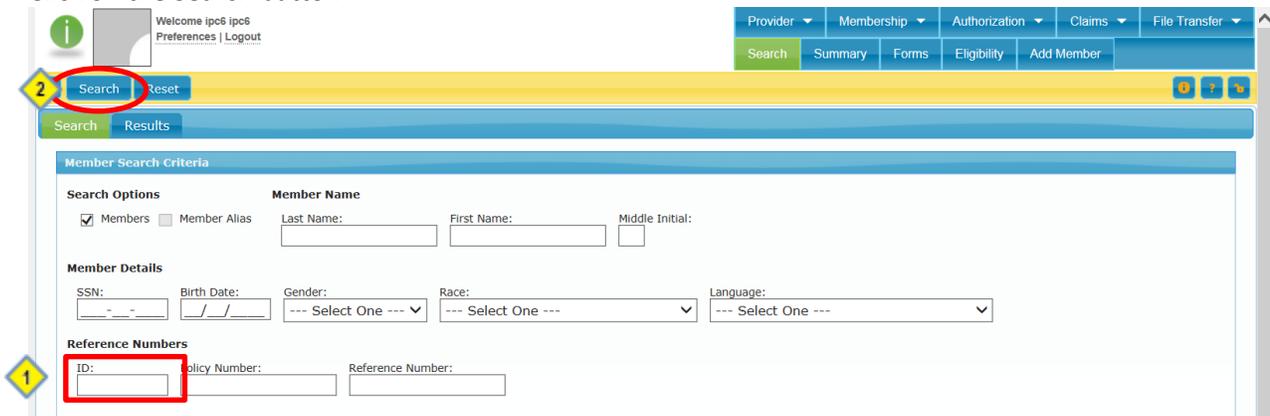
Below, each of those steps are broken down in greater detail:

SEARCHING FOR A GROUP MEMBER

The ADAMH Board will have supplied you with a list of Prevention Group Members and their SHARES ID’s. To search for a group member, go to **Membership** and choose **Search** to bring up the Search form.

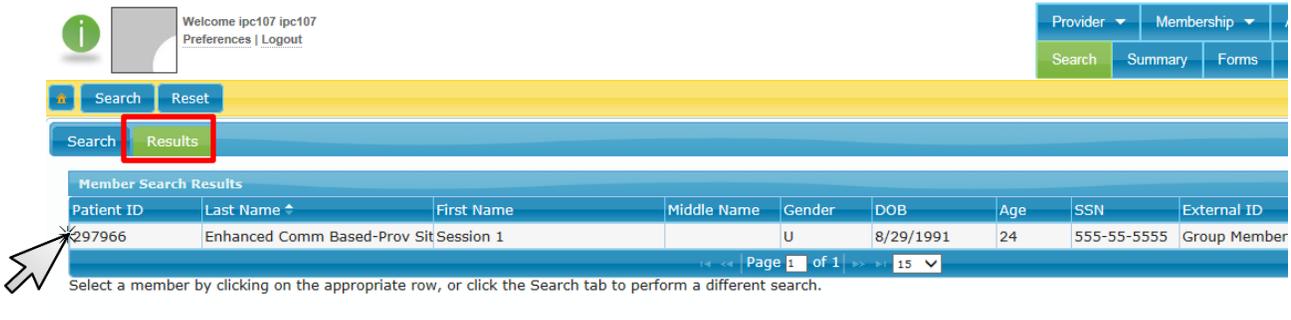


1. Enter the group member’s SHARES ID in the ID field.
2. Click on the Search button



RESULTS SCREEN

Once you click search, you will be taken to the **Results** tab.



Simply double click anywhere on the row to open the record.

ADDING A FORM

The following data collection forms have been created:

- Prevention Program Description
- Prevention Memorandum of Understanding
- Prevention Program Population
- Prevention Staffing
- Prevention Program Report

For specific details on each forms' use, please review the supplementary Prevention Form instructions for details on the specific forms.

To submit a Prevention form for the group member, click on **Membership -> Forms**.



1. In the "All Forms" list, expand "Clinical" and "Prevention" then click on the desired form.



2. Click on **Add Form** to open the form.
3. On any of the forms, information in red is required to be filled out in order to complete the form. Complete the information in the form, click **Save** when done.

NOTES:

- You can access forms already completed by your agency for any members by pulling up the member record then going to **Membership -> Forms** (you may need to adjust your filter criteria to see older forms).

Category	Form Type	Form Name	Insurer	Date Created	Created By	Date Modified	Modified By
Clinical	Prevention	Prevention Staffing	Franklin County Boa	6/14/2016 5:32 PM	ipc5, ipc5	6/14/2016 5:32 PM	ipc5, ipc5
Clinical	Prevention	Prevention Program Report	Franklin County Boa	6/14/2016 5:32 PM	ipc5, ipc5	6/14/2016 5:32 PM	ipc5, ipc5
Clinical	Prevention	Prevention Program Popula	Franklin County Boa	6/14/2016 5:31 PM	ipc5, ipc5	6/14/2016 5:31 PM	ipc5, ipc5
Clinical	Prevention	Prevention Memorandum of	Franklin County Boa	6/14/2016 5:31 PM	ipc5, ipc5	6/14/2016 5:31 PM	ipc5, ipc5
Clinical	Prevention	Prevention Program Descrig	Franklin County Boa	6/14/2016 5:31 PM	ipc5, ipc5	6/14/2016 5:31 PM	ipc5, ipc5

- Clicking on “Summary” produces a nice summary of that report with the basic member information at the top.

Form Summary

Filters

CLINICAL CHART FOR: Enhanced Comm Based-Prov Site, Session 1

Reference #: 201600003286
 DOB: 8/29/1991
 Phone #: 0000000000
 Policy #1: 297966
 Address: UMADAOP FC1400 Brooks Ave Columbus, Oh 43211
 Reference #: 201600003286

Prevention Program Report - Last updated: 6/14/2016 5:32 PM

Prevention Program Reports

Reporting Date
 06/01/2016

Behavioral Objective Projection/Outcomes

Close Print

Save as Draft Save Cancel **Summary** Print

SUBMITTING A SIMPLE CLAIM

The following steps are needed to submit a Simple Claim for a group member:

1. In SHARES, Search for the desired group member and open their record.
2. Go to the **Claims** module and select **Add Claim**.
3. Enter the claim information and submit the claim.

CLAIMS MODULE

Each provider will receive documentation for the Prevention group members' SHARES ID's, unit definitions, procedure codes, and other information related to the program necessary for submitting claims from their agency.

For Prevention services, you will manually submit claims via the SHARES provider portal by completing a Simple Claim.

To manually submit a claim for the group member, click on **Claims -> Add Claim**.



Note: If you did not already have a member record open, the “Current Member: Search for and select a member” section will be expanded. You can search for the SHARES ID and select the group member from this screen.

The Simple Claim form opens. You will need to fill out the areas as outlined in the screenshots below:

Provider Info

Billing Provider: NPI: Taxonomy:

Billing Provider Site:

Pay-to Provider:

Rendering Provider: NPI: Taxonomy:

Reference Numbers

Provider Claim Number: Provider Client Number:

Service Dates

Date From: Date To:

Authorization

Number: or Insurance: **1**

Available Authorizations: No records found. Selected Authorization: Not Selected

Add / Edit Service

Service Dates

Date From: **2** Date To:

Service Details

Claimed Amount: **3** Units: Primary Diagnosis: **4** Code: **5**

Modifiers: POS:

1. **Insurance:** Choose Franklin County Board from the dropdown.
2. **Service Dates:** Enter the dates that the services were provided. For a service on a single day enter the **Date From** and **Date To** dates the same as the service date.
3. **Service Details:** Enter the Claimed Amount and Units (the number of units of service provided) to claim for.
4. **Primary Diagnosis:** Click on the **Select Diagnosis** button. This will bring up the Diagnosis lookup window. For Prevention claims, enter **NDX** in the “Code/Description” box and click on **Search**.

The screenshot shows the 'Diagnosis Lookup' window with the 'Search' tab selected. The 'Code/Description' field is highlighted with a red box and contains the text 'NDX'. The 'Search' button at the bottom right is also highlighted with a red box.

In the results window, single click on the resulting code and it will populate the Primary Diagnosis field in the claim.

The screenshot shows the 'Diagnosis Lookup' window with the 'Results' tab selected. A table of results is displayed, with the first row highlighted by a red box:

Code	Description
10091 NDX	Supplemental classification No Diagnosis Given

5. **Procedure Code:** Click on the **Select Code** button. This will bring up the Code lookup window. For Prevention claims, enter appropriate procedure code as supplied by the ADAMH Board in the “Code” box and click on **Search**.

The screenshot shows the 'Code Lookup' window with the 'Search' tab selected. The 'Code' field is highlighted with a red box and contains the text 'Z5115'. The 'Search' button at the bottom right is also highlighted with a red box.

In the results window, single click on the resulting code and it will populate the Code field in the Simple Claim.

The screenshot shows the 'Code Lookup' window with the 'Results' tab selected. A table of results is displayed, with the first row highlighted by a red box:

Code	Description
Z5115	Assessment, Referral & Linkage

Below is what the sample claim looks like after completing steps 1-5 above.

Provider Info

Billing Provider: NPI: Taxonomy: SOUTHEAST INC

Billing Provider Site: --- Select One ---

Pay-to Provider: --- Select One ---

Rendering Provider: NPI: Taxonomy: --- Select One ---

Reference Numbers: Provider Claim Number: Provider Client Number: Service Dates: Date From: 06/15/2016 Date To: / / Authorization: Number: or Insurance: Franklin County Board / Franklin Standard

Available Authorizations: No records found. Selected Authorization: Not Selected

Add / Edit Service

Service Dates: Date From: 06/15/2016 Date To: 06/15/2016 Service Details: Claimed Amount: 25 Units: 1 Primary Diagnosis: NDX -No Diagnosis Given Code: Z5115 - Assessment, Referral & Select Code

Modifiers: --- Select One --- --- Select One --- --- Select One --- --- Select One --- POS:

Save Service Cancel

- Click on “Save Service” when you have completed filling out the necessary information on the claim.
- If you have additional services to submit for this group member, click on “Add” to bring up a new blank service line and repeat steps 2-5. Otherwise,

File Edit View Favorites Tools Help

Google ADAMH Stuff County Stuff Tech Stuff JitBit gotomeeting Date Calculator SHARES Test SHARES Production ADAMH Log In ICD-10

Welcome ipc7 ipc7 Preferences | Logout Enhanced C..., Session 1

Provider Membership Authorization Claims File Transfer

Add Claim Claim Status

Save Cancel

Current Member: Enhanced C..., Session 1

Simple Claim

Provider Info

Billing Provider: NPI: Taxonomy: SOUTHEAST INC

Billing Provider Site: --- Select One ---

Pay-to Provider: --- Select One ---

Rendering Provider: NPI: Taxonomy: --- Select One ---

Reference Numbers: Provider Claim Number: Provider Client Number: Service Dates: Date From: 06/15/2016 Date To: / / Authorization: Number: or Insurance: Franklin County Board / Franklin Standard

Available Authorizations: No records found. Selected Authorization: Not Selected

Add / Edit Service

Services

Date From	Date To	Claimed Amount	Units	Primary Diagnosis	Codes	Modifiers	POS
06/15/2016	06/15/2016	25	1	NDX -No Diagnosis Given	Z5115		

Add Edit Remove

- Click on the “Save” button at the top to submit the claim.

Once you click on save, you will be presented with a pop-up asking if you would like to add another Simple Claim, or check the Claim Status. If you have another claim to add, then click on “Add another”,

Otherwise, click on “Check Claim Status” and you will see that your claim was “Received”.

Claim Number	Claim Status	Date Received	Status As Of	Total Charge \$	Total Approved \$	Total Non-Approved \$	Treat Date
201600022733	Received	06/15/2016	06/15/2016	25	0	0	

Clicking on the + will expand the claim line to show you more details:

Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Status As Of	Charge \$	Approved \$	Non-Appr \$	Units
	06/15/2016 - 06/15/2016		Z5115	Accepted	06/15/2016	\$25.00	0	0	1

Clicking on the - will collapse the detail row.

CLAIM STATUS

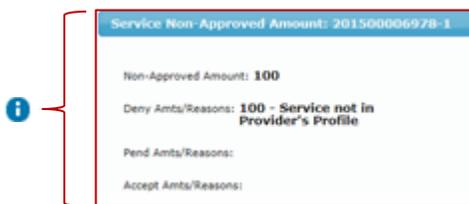
To view the status of your claim(s), click on **Claims -> Claim Status**. (Note: If you don't already have a member record open, you can open the group member from this screen, or view the status of all claims submitted by your agency.)



The following screenshot is an example of the Claim Status window.

Claim Number	Claim Status	Date Received	Status As Of	Total Charge \$	Total Approved \$	Total Non-Approved \$	Treat Date		
201600011605	In Adjudication	01/05/2016	01/05/2016	100	0	100	11/01/2015		
201600011603	Received	01/05/2016	01/05/2016	100	0	0			
201600011561	In Adjudication	01/05/2016	01/05/2016	175.5	36	175.5	11/01/2015		
Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Status As Of	Charge \$	Approved \$	Non-Appr \$	Units
201600011561-1	01/01/2016 - 01/04/2016	MH - OPTX - 90792	90832	In Adjudication	01/05/2016	\$175.50	36	175.5	100

1. By default, the “Limit Claims to Current Member” option is checked. That means that you are currently only seeing the status of claims for that group member. In order to see the status of all claims submitted by your agency, uncheck this box and click on the **Filter** button to show all.
2. Be sure to check the date in the “Claims Received After” field. If you are not seeing a claim summary, change the date to an earlier date and click on the **Filter** button again to filter for your search criteria.
3. The **Claims** section at the bottom is where you will find all of the claim details.
4. The **i** are information bubbles. When you hover you mouse over any of these, you will see a pop-up box that may give more details. The **i** is positioned wherever more information is possible. If there aren't any additional details for that particular item, there may not be any information populated in the pop-up box.



In this example, you can clearly see the reason for denial.

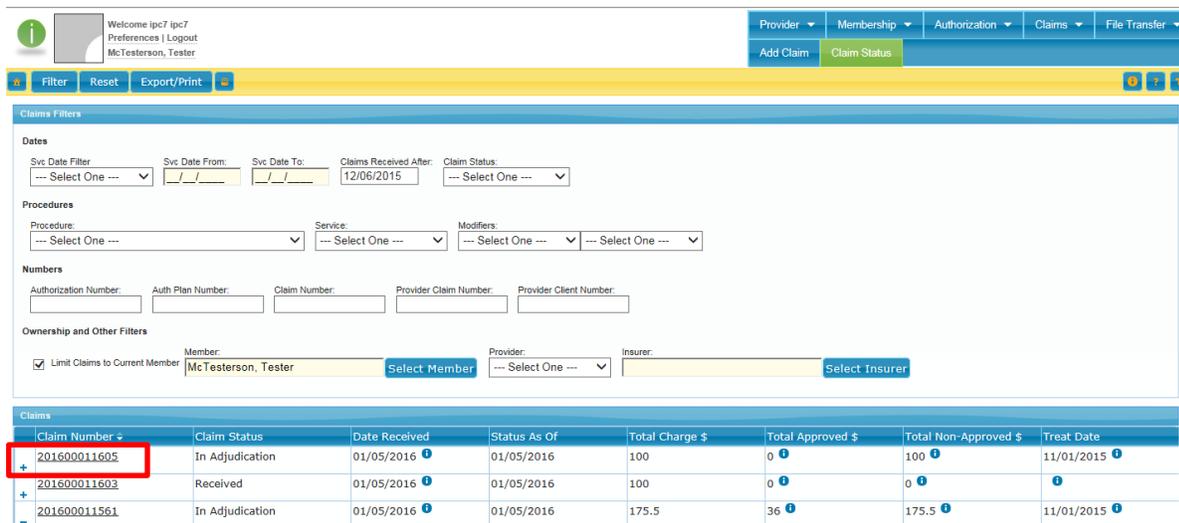
5. The blue **+** symbol next to the Claim Number means that you can expand that line. When you click on the **+** to expand, more detail is given about the claim (as shown above).

EDITING AND RESUBMITTING CLAIMS

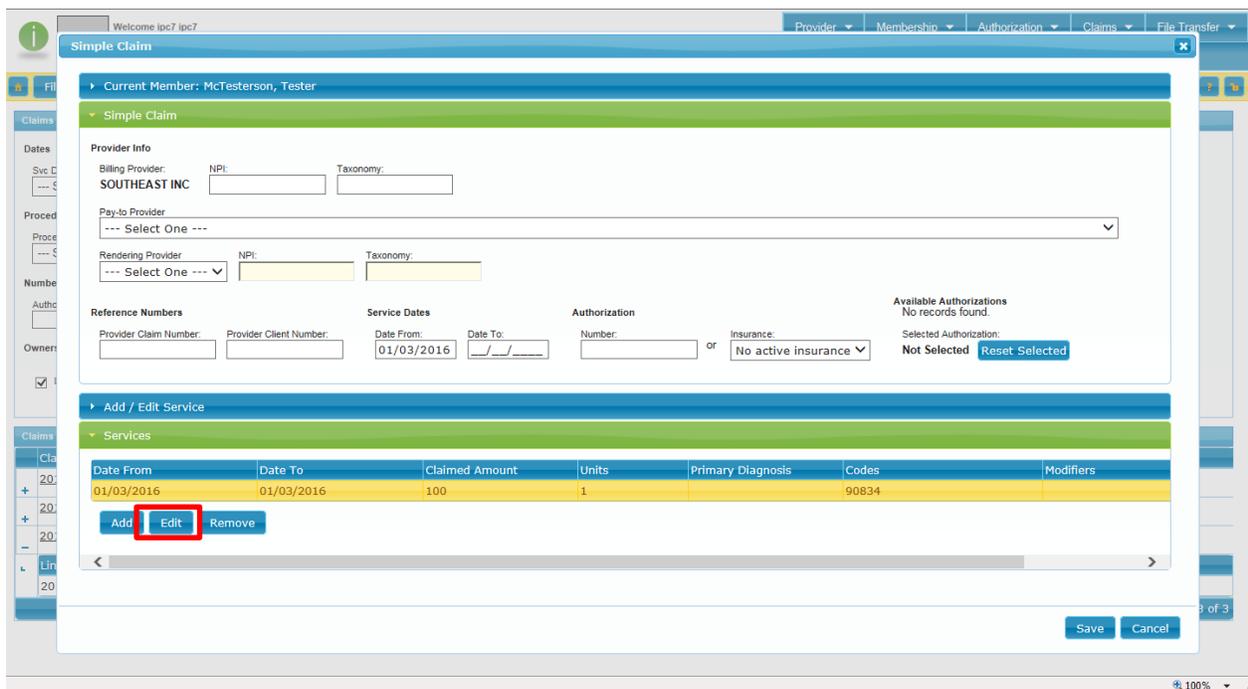
SHARES supports online correction and resubmission of claims. Start by going to **Claims -> Claim Status**.



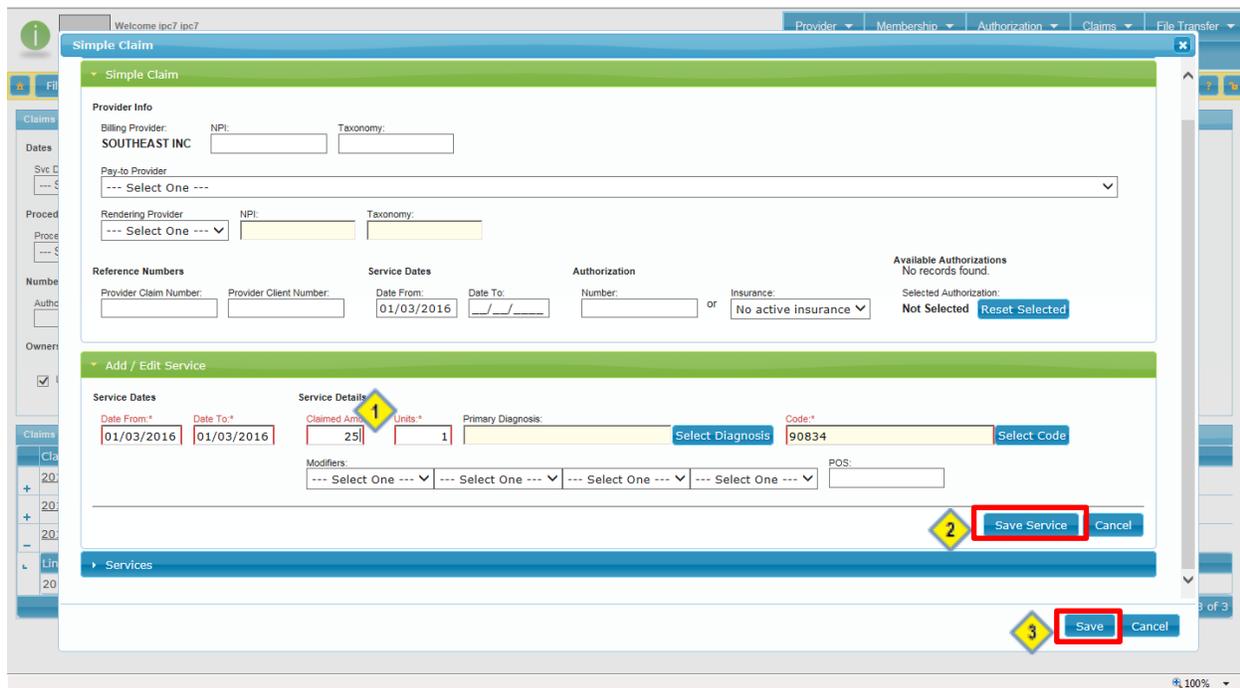
From the **Claims** section at the bottom of the window, click on the **Claim Number** for the claim you wish to edit.



This will bring up the Simple Claim window. Click on the **Edit** button.



1. Make the corrections in the necessary fields
2. Click on **Save Service**
3. Click on **Save**



Changes will be saved and resubmitted for claims processing. Once the claims processing has been completed, you will see the status of your changes by viewing the **Claim Status** page.

REQUESTING NEW / CHANGING GROUP MEMBERS

The Board is responsible for both adding new group members and making changes to existing group members in SHARES.

If you need to request a new group member or a change to a group member, complete the “**Group Member Request Form**”. You can download the form from the **Provider Portal** (<http://www.adamhfranklin.org/provider-portal/>). Once you complete the form, submit it to the Board via a **3C Hotline ticket**.

For new group members, the SHARES ID will be provided to you once it has been created.

Here is an example showing some of the information that is needed in order to create the member:

Field Name	What to enter
Last Name	The first 30 characters of the Program Name
First Name	Session number (e.g. Session 1, Session 2, etc.)
Birth Date	The date the program was first presented
Address Date From	The first date a program was offered at a site
Address Street 1	Name of the School, Community Center, Religious Institution, etc. Where Program is Held
Address Street 2	Address of Where Program is Held
Address Street 3	Additional address of Program Site if needed.
Address City	City Where Program is Held
Address Zip	Zip Code Where Program is Held
Work Phone	Telephone number at the site