

## Harmony Claims Submission Process

<b>Vendor data prerequisites</b> (completed by DSP Vendor Manager)
<ul style="list-style-type: none"><li>• Required fields in provider record: Vendor No., taxpayer ID, &amp; claims identifier</li><li>• Provider open to fund code</li><li>• Services attached to provider</li></ul>
<b>Participant data prerequisites</b> (completed by Supports Coordinator)
<ul style="list-style-type: none"><li>• Required fields in participant record: Medicaid ID (or NA), SSN, complete address, gender, DOB</li><li>• Participant open to fund code</li><li>• Participant referred to provider</li><li>• Completed primary diagnosis for participant</li><li>• Approved Authorization and AuthService with provider and service. AuthService <u>must</u> include selection of ISO code.</li></ul>

### Claim Creation

It is important to understand that the claims you are submitting are claims which will pass through all systems, even to the state. It is important that the information submitted is accurate. Once the submission is made in Harmony the information flows through the accounting system and back and then flows through to the state and back. Corrections also must follow this process. This allows anyone with access to system to see all stages of the claims. Please be aware that AAA 1-B billing staff may be doing void and replacement of claims due to Medicaid reimbursement. If for some reason AAA 1-B voids claims submitted by your organization, you would be notified with a Adjustment Memorandum explaining who the participant is and what claims are being voided and why this occurred.

# Harmony Claims Submission Process

## Claims Entry Instructions – Selecting a Participant & Authorization

The screenshot shows the Harmony My Harmony interface. At the top, there's a navigation bar with links for Participants, Last Name, ADVANCED SEARCH, Role (DSP Vendor), Sign Out, and GO. Below the navigation bar is a search bar labeled 'Quick Search' with fields for 'Participants' and 'Last Name'. The main content area has tabs for MY HARMONY, PARTICIPANTS, PROVIDERS, CLAIMS, INCIDENTS, and REPORTS. The MY HARMONY tab is selected. Under the PARTICIPANTS tab, there are sections for My Enrollments, Notes, and Alert Notes. Under the PROVIDERS tab, there is a placeholder for My Management. Under the TASKS tab, there is a placeholder for My Claims, which is highlighted with a red box. This section contains 'Claims Entry' and 'Pending Approval Queue'.

1. Log in system.
2. On the My Harmony page, click on **Claims Entry**.

It is **important** that only open one claims entry screen at a time.

The screenshot shows the Harmony Claims Entry window. It includes sections for Authorization (with a required field 'Authorization'), Vendor/Provider Information (Rendering Provider dropdown, Service Type 'AAA', Vendor No, Name, Tax ID, Claims Identifier), Participant Information (Case No, Medicaid ID, Last Name, First Name, Street, City, State, Zip, Gender, Date of Birth, SSN), Diagnosis Information (Diagnosis 1), and Additional Information (Provider Claim ID, Batch No 'isonr826').

3. **Claims Entry** window will open.

# Harmony Claims Submission Process

**File**

<b>Authorization</b>	
Authorization *	<input type="text" value="189511"/> <input type="button" value="..."/>
<b>Vendor/Provider Information</b>	
Rendering Provider *	<input type="button" value="..."/>
Service Type *	AAA <input type="button" value="..."/>
Vendor No *	<input type="text"/>
Name *	<input type="text"/>
Tax ID *	<input type="text"/>
Claims Identifier *	<input type="text"/>
<b>Participant Information</b>	
Case No *	<input type="text"/>
Medicaid ID *	<input type="text"/>
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Street *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/>
Zip *	<input type="text"/>
Gender *	<input type="text"/>
Date of Birth *	<input type="text"/>
SSN *	<input type="text"/>
<b>Diagnosis Information</b>	
Diagnosis 1 *	<input type="text"/>
<b>Additional Information</b>	
Provider Claim ID	<input type="text"/>
Batch No	isonr826
<b>Claim Services</b>	

4. Enter the AuthID in the **Authorization** field and then tab to the next field or push Enter.

**File**

<b>Authorization</b>	
Authorization *	<input type="text"/> <input type="button" value="..."/>
<b>Vendor/Provider Information</b>	
Rendering Provider *	<input type="button" value="..."/>
Service Type *	AAA <input type="button" value="..."/>
Vendor No *	<input type="text"/>
Name *	<input type="text"/>
Tax ID *	<input type="text"/>
Claims Identifier *	<input type="text"/>
<b>Participant Information</b>	
Case No *	<input type="text"/>
Medicaid ID *	<input type="text"/>
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Street *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/>
Zip *	<input type="text"/>
Gender *	<input type="text"/>
Date of Birth *	<input type="text"/>
SSN *	<input type="text"/>
<b>Diagnosis Information</b>	
Diagnosis 1 *	<input type="text"/>
<b>Additional Information</b>	
Provider Claim ID	<input type="text"/>
Batch No	isonr826
<b>Claim Services</b>	

5. If you do not know the Auth ID, click the [...] button next to the Authorization field.

**Filters**

Auth Number <input type="button" value="..."/>	Begins With <input type="button" value="..."/>	<input type="text"/>	AND <input type="button" value="..."/>	<input style="border: 2px solid red; padding: 2px; margin-left: 10px;" type="button" value="X"/>
Lastname <input type="button" value="..."/>	Begins With <input type="button" value="..."/>	<input type="text"/>	AND <input type="button" value="..."/>	<input style="border: 2px solid red; padding: 2px; margin-left: 10px;" type="button" value="X"/>
Auth Number <input type="button" value="..."/>	<input type="button" value="+"/>			
<b>Search</b> <b>Reset</b>				

6. A new window will open with search filters at the top. Since you don't have the auth number, click the red X at the end of that line.

## Harmony Claims Submission Process

**Filters**

Lastname	Begins With	<input type="text" value="Test"/>	AND	<input type="button" value="X"/>
Auth Number	<input type="button" value="+"/>			
<input style="background-color: #e6f2ff; border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px; font-weight: bold; color: #000; margin-right: 10px;" type="button" value="Search"/> <input style="background-color: #e6f2ff; border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px; font-weight: bold; color: #000;" type="button" value="Reset"/>				

2 Participants record(s) returned - now viewing 1 through 2

Auth Number	AuthID	Lastname	Firstname	Auth Date	Provider	Start Date	End Date
188160		Test	Test	01/09/2014	Area Agency On Aging 1-B	01/09/2014	09/30/2014

7. Enter the participant's last name into the blank textbox. Then click **Search**.

8. Results will appear below the search filters. Click on the participant that you would like to submit claims for. If you see more than one Auth for a participant verify that the auth you are selecting contains the start and end dates for the period that you are billing for.

Welcome, Richard Ison | **Claims Entry**  
2/23/2016 1:02 PM

**File**

<b>Authorization</b> <p>Authorization * <input type="text" value="188160"/> <input type="button" value="..."/></p> <p>Authorization Date Range <input type="text" value="01/09/2014 - 09/30/2014"/></p>	<b>Participant Information</b> <p>Case No * <input type="text" value="84901"/></p> <p>Medicaid ID * <input type="text" value="NA"/></p> <p>Last Name * <input type="text" value="Test"/></p> <p>First Name * <input type="text" value="Test"/></p> <p>Street * <input type="text" value="1234 Lamtired Dr."/></p> <p>City * <input type="text" value="Grand Blanc"/></p> <p>State * <input type="text" value="Michigan"/></p> <p>Zip * <input type="text" value="48439"/></p> <p>Gender * <input type="text" value="Male"/></p> <p>Date of Birth * <input type="text" value="7/20/1983"/></p> <p>SSN * <input type="text" value="111-11-1111"/></p>	
<b>Vendor/Provider Information</b> <p>Rendering Provider * <input type="text" value="Area Agency on Aging 1-B"/></p> <p>Service Type * <input type="text" value="AAA"/></p> <p>Vendor No * <input type="text" value="AAAONE"/></p> <p>Name * <input type="text" value="Area Agency on Aging 1-"/></p> <p>Tax ID * <input type="text" value="38-2729505"/></p> <p>Claims Identifier * <input type="text" value="HIS_117"/></p>	<b>Diagnosis Information</b> <p>Diagnosis 1 * <input type="text" value="0023] PARATYPHOID FEVER C"/></p>	<b>Additional Information</b> <p>Provider Claim ID <input type="text"/></p> <p>Batch No <input type="text" value="isonr826"/></p>

9. If the set-up described in #1 & 2 above is done properly by the AAA 1-B staff, the Vendor/Provider, Participant and Diagnosis Information portions of the screen will populate completely (see screenshot above).

10. If required fields are not populated, call the supports coordinator for this participant or call the AAA 1-B Resource Center (1-800-852-7795) to be directed to the appropriate staff person to assist you with Harmony Support.

11. The Additional Information fields are there for your use. These are not required fields, however, you may use them to more easily identify the claims you are submitting into Harmony. While Batch No. is an auto populated field, you may make adjustments to the information here as well.

# Harmony Claims Submission Process

## Claims Entry Instructions – Entering Claims Service Information

On the Claims Entry Screen, there are two ways that you can submit claims, depending on the situation:

Service Line View – Allows vendor to enter an unlimited number of service lines for a single participant regardless of service code, line-by-line, which is automatically split into multiple, single service line claims on submission. This method of claims entry is required when entering no show reasons, void, void & replace, and resubmit.

Calendar View – Allows the user to select a service code for a participant and, using a calendar grid, submit up to one month's worth of claims at once.

Please understand that it is a state requirement that claims be submitted by day and by service. Therefore, if three services are provided on one day then you must submit three claims, one for each service provided on that day.

### Service Line Claims Entry

The screenshot shows the Harmony Claims Entry interface. At the top, there is a logo for 'harmony INFORMATION SYSTEMS INC.' and a welcome message 'Welcome, Richard Ison | Claims Entry 2/23/2016 1:35 PM'. The main form is divided into several sections:

- Authorization:** Fields include 'Authorization' (189511) and 'Authorization Date Range' (06/15/2014 - 06/16/2014).
- Vendor/Provider Information:** Fields include 'Rendering Provider' (Area Agency on Aging 1-B), 'Service Type' (AAA), 'Vendor No.' (AAAOONE), 'Name' (Area Agency on Aging 1-), 'Tax ID' (38-2729505), and 'Claims Identifier' (HIS\_117).
- Participant Information:** Fields include 'Case No.' (84901), 'Medicaid ID' (NA), 'Last Name' (Test), 'First Name' (Test), 'Street' (1234 Lamtired Dr.), 'City' (Grand Blanc), 'State' (Michigan), 'Zip' (48439), 'Gender' (Male), 'Date of Birth' (7/20/1983), and 'SSN' (111-11-1111).
- Diagnosis Information:** Field 'Diagnosis 1' contains '[0023] PARATYPHOID FEVER C'.
- Additional Information:** Fields include 'Provider Claim ID' and 'Batch No' (isomf626).
- Claim Services:** A section with a radio button group for 'Service Line View' (selected) and 'Calendar View'. Below this is a table with columns: Start Date, End Date, Service, Units, Cost, Place Of Service, Diagnosis, No Show, and No Show Reason. The 'Place Of Service' column has a dropdown menu showing '1'. An 'ADD' button is located at the bottom right of this section.

1. The claims entry screen allows a user to toggle, "on the fly", between the two views.

# Harmony Claims Submission Process

Welcome, Richard Ison | **Claims Entry**  
2/23/2016 1:35 PM

<b>Authorization</b>																																		
Authorization *	189511																																	
Authorization Date Range	06/15/2014 - 06/16/2014																																	
<b>Vendor/Provider Information</b>																																		
Rendering Provider *	Area Agency on Aging 1-B																																	
Service Type *	AAA																																	
Vendor No *	AAAONE																																	
Name *	Area Agency on Aging 1-																																	
Tax ID *	38-2729505																																	
Claims Identifier *	HIS_117																																	
<b>Participant Information</b>																																		
Case No *	84901																																	
Medicaid ID *	NA																																	
Last Name *	Test																																	
First Name *	Test																																	
Street *	1234 Lamtired Dr.																																	
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Zip *	48439																																	
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<input checked="" type="radio"/> Service Line View <input type="radio"/> Calendar View																																		
Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason																										
<input type="text"/>	<input type="text"/>	<input type="button" value="..."/>	<input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																										
Start Date *	End Date *	Service *	Units *	Cost *	Place Of Service *	Diagnosis	No Show	No Show Reason																										
<input type="button" value="ADD"/>																																		
<input type="text"/> Search <input type="button" value="Search"/> <input type="button" value="Cancel"/>																																		
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Case Management, Per Month	600.00	Units	07/01/2009		06/15/2014	06/16/2014	15854	81014	1	0.00	1.00																							

2. The following fields need to be completed:

- a. **Start Date** - Date of Service
- b. **End Date** – The same as the start date (date of service).
- c. **Service** - The [...] button under Service pulls from the AuthService record. A search box will open, allowing you to select the service code you are billing for. Please make sure to verify that the line you are selecting contains the date range that in the SvcStartDate to SvcEndDate.

Search By:   Search Text:

ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	VServiceID	AuthServiceID	MaxAuth
5464	T2022	T2022	Case Management, Per Month	600.00	Units	07/01/2009		06/15/2014	06/16/2014	15854	81014	1

- d. **Max units and Units Used** – Please note that on the right of this screen you have additional information. **MaxAuth** is the total number of units allowed on this auth. **Used** is the total number of units billed. **Remaining** is the number of units still available. (Note: Denied claims are included in the number of **Used** claims.)

Ext:

Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	VServiceID	AuthServiceID	MaxAuth	Used	Remaining
Case Management, Per Month	600.00	Units	07/01/2009		06/15/2014	06/16/2014	15854	81014	1	0.00	1.00

## Harmony Claims Submission Process

**Claim Services**

Start Date		End Date		Service		Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason		
<input type="text"/>	<input type="button" value="..."/>	<input type="text"/>	<input type="button" value="..."/>	<input type="button" value="Clear"/>		<input type="text"/>	<input type="text"/>	<input type="button" value="..."/>	<input type="button" value="1"/>	<input type="checkbox"/>	<input type="button" value="..."/>	<input type="button" value="ADD"/>	
<b>Start Date *</b>		<b>End Date *</b>		<b>Service *</b>		<b>Units *</b>	<b>Cost *</b>	<b>Place Of Service *</b>	<b>Diagnosis</b>	<b>No Show</b>	<b>No Show Reason</b>		
6/15/2014	<input type="button" value="..."/>	6/15/2014	<input type="button" value="..."/>	T2022		1	\$600.00	Home	1	<input type="checkbox"/>	<input type="button" value="..."/>	<input type="button" value="DELETE"/>	

e. **Number of Units** – Enter how many units of service were delivered.  
 f. **Cost, Place of Service and Diagnosis** will automatically populate when you TAB to the next field.  
 g. When the claim information is entered, click **Add**. The service line will drop below. If a mistake was made, you can delete any service line from the claims entry screen by clicking the **Delete** button.

Welcome, Richard Ison | **Claims Entry**  
2/23/2016 1:35 PM

**File**

<input style="border: 1px solid red; padding: 2px; margin-right: 10px;" type="button" value="Submit Claims Entry"/> <input type="button" value="Spell Check"/> <input type="button" value="Submit &amp; Add Another Claims Entry"/> 17 <input type="button" value="Print"/> <input type="button" value="Close Claims Entry"/>	Agency on Aging 1- 29505 17	Last Name * Test First Name * Test Street * 1234 lamtired Dr. City * Grand Blanc State * Michigan Zip * 48439 Gender * Male Date of Birth * 7/20/1983 SSN * 111-11-1111
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**Diagnosis Information**

<b>Diagnosis 1 *</b> [0023] PARATYPHOID FEVER C	Provider Claim ID Batch No isonr826
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**Claim Services**

Start Date		End Date		Service		Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason		
<input type="text"/>	<input type="button" value="..."/>	<input type="text"/>	<input type="button" value="..."/>	<input type="button" value="Clear"/>		<input type="text"/>	<input type="text"/>	<input type="button" value="..."/>	<input type="button" value="1"/>	<input type="checkbox"/>	<input type="button" value="..."/>	<input type="button" value="ADD"/>	
<b>Start Date *</b>		<b>End Date *</b>		<b>Service *</b>		<b>Units *</b>	<b>Cost *</b>	<b>Place Of Service *</b>	<b>Diagnosis</b>	<b>No Show</b>	<b>No Show Reason</b>		
6/15/2014	<input type="button" value="..."/>	6/15/2014	<input type="button" value="..."/>	T2022		1	\$600.00	Home	1	<input type="checkbox"/>	<input type="button" value="..."/>	<input type="button" value="DELETE"/>	

3. Continue filling out and adding service lines, as necessary. Completing more than 7 service lines per claims entry screen can take a long time for the system to process. If submitting more than 7 claims per participant, it is recommended to split up claims amongst multiple service line claims entry screens or use the calendar view claims entry screen instead.  
 4. When all the desired service lines have been added, click **Submit Claims Entry** at the top of the window.

# Harmony Claims Submission Process

## Calendar Claims Entry

<p><b>Claim Services</b></p> <p> <input type="radio"/> Service Line View <input checked="" type="radio"/> Calendar View         </p> <p>           Service * <input type="text" value="T2022"/> ... Clear         </p> <p>           Place of Service * <input type="text" value="Home"/> <input type="button" value="..."/> </p> <p>           Calendar Month <input type="text" value="January"/> <input type="button" value="..."/> </p> <p>           Calendar Year <input type="text" value="2016"/> <input type="button" value="..."/> </p> <p>           Default Units <input type="text"/> </p> <p style="margin-top: 10px; margin-left: 10px;"><b>Update Calendar</b></p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>January 2016</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Su	Mo	Tu	We	Th	Fr	Sa	1	2						3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
Su	Mo	Tu	We	Th	Fr	Sa																																												
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24	25	26	27	28	29	30																																												
31																																																		
<p>1. Click the radio button for Calendar View on the Claims Entry screen to display the calendar grid. This is the default view on the Claims Entry screen.</p>																																																		
<p>2. In the calendar view, (filling in information from top to bottom) select the <b>service</b> using the ellipsis [...] button. As with the service line view, the list of available services will be filtered by the authorization. If a participant receives multiple services, you will fill out the calendar and submit for each service type. Make sure to submit your first service claims prior to entering in the second. Since the AAA 1-B currently uses only one <b>Place of Service</b>, it will auto-populate once the service code has been selected.</p>																																																		
<p>3. The calendar will automatically default to the previous month, but can be adjusted using either the left and right arrows on the calendar or the <b>Calendar month</b> and <b>Calendar year</b> drop down menus. If the dropdown menus are used, the <b>Update Calendar</b> button must be clicked to refresh the calendar (if desired, the user can wait to do this until the "Default Units" field has been completed).</p>																																																		

## Harmony Claims Submission Process

**Claim Services**

Service Line View  Calendar View

Service *	T2022	...	Clear	
Place of Service *	Home <input type="button" value="▼"/>			
Calendar Month	January <input type="button" value="▼"/>			
Calendar Year	2016 <input type="button" value="▼"/>			
Default Units	3			
<input type="button" value="Update Calendar"/>				

Su	Mo	Tu	We	Th	Fr	Sa	
<		January 2016					>
1	2						
3	4	5	6	7	8	9	
3	3	3	3	3	3	3	
10	11	12	13	14	15	16	
3	3	3	3	3	3	3	
17	18	19	20	21	22	23	
3	3	3	3	3	3	3	
24	25	26	27	28	29	30	
3	3	3	3	3	3	3	
31							
3							

4. The number of units delivered each day can be entered by tabbing though the calendar grid and entering data for specific days or by defaulting every day of the month to a specified number of units. Do not enter a zero for days where service is not provided. If you do enter a zero, you will create a claim that will be denied in the system. A tip from the vendor testing session: Make sure that the cursor is in a calendar day box before hitting the Backspace button (for example if you want to Backspace to delete a default value in the calendar for a particular day). If the cursor is anywhere else on the page, an Internet Explorer shortcut will be triggered that is equivalent to hitting the Back button in the browser. The screen will go back to a blank claims entry screen.

5. To default the entire month, enter the number of units per day in the **Default Units** box and click the **Update Calendar** button. The calendar will auto-populate each day with that value. Individual days can then be edited or deleted using the number keys in combination with the tab key or the mouse. For days of no service, leave the box blank. Entering 0 will result in a denied claim for that day.

harmony INFORMATION SYSTEMS INC.

Welcome, Richard Ison | **Claims Entry**  
2/23/2016 1:35 PM

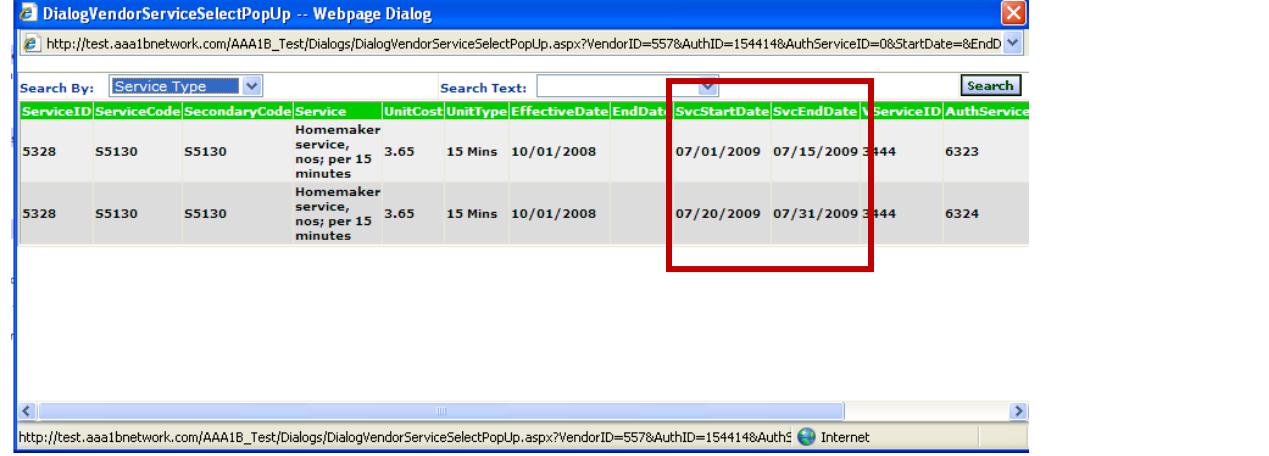
<b>File</b> <ul style="list-style-type: none"> <li><input checked="" type="button" value="Submit Claims Entry"/></li> <li><input type="button" value="Spell Check"/></li> <li><input type="button" value="Submit &amp; Add Another Claims Entry"/></li> <li><input type="button" value="Print"/></li> <li><input type="button" value="Close Claims Entry"/></li> </ul>	<p><b>Additional Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">State *</td><td style="width: 50%;">Michigan</td></tr> <tr><td>Zip *</td><td>48439</td></tr> <tr><td>Gender *</td><td>Male</td></tr> <tr><td>Date of Birth *</td><td>7/20/1983</td></tr> <tr><td>SSN *</td><td>111-11-1111</td></tr> </table> <p><b>Diagnosis Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Diagnosis 1 *</td><td style="width: 50%;">[0023] PARATYPHOID FEVER C</td></tr> </table> <p><b>Claim Services</b></p> <p style="text-align: center;"><input type="radio"/> Service Line View <input checked="" type="radio"/> Calendar View</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Service *</td> <td style="width: 10%; text-align: center;">T2022</td> <td style="width: 10%; text-align: center;">...</td> <td style="width: 10%; text-align: center;">Clear</td> <td style="width: 40%;"></td> </tr> <tr> <td>Place of Service *</td> <td colspan="4">Home <input type="button" value="▼"/></td> </tr> <tr> <td>Calendar Month</td> <td colspan="4">January <input type="button" value="▼"/></td> </tr> <tr> <td>Calendar Year</td> <td colspan="4">2016 <input type="button" value="▼"/></td> </tr> <tr> <td>Default Units</td> <td colspan="4" style="text-align: center;">3</td> </tr> <tr> <td colspan="5" style="text-align: center;"><input type="button" value="Update Calendar"/></td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; width: 100px;"> <thead> <tr> <th>Su</th> <th>Mo</th> <th>Tu</th> <th>We</th> <th>Th</th> <th>Fr</th> <th>Sa</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">&lt;</td><td></td><td colspan="5" style="text-align: center;">January 2016</td><td style="text-align: center;">&gt;</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">11</td><td style="text-align: center;">12</td><td style="text-align: center;">13</td><td style="text-align: center;">14</td><td style="text-align: center;">15</td><td style="text-align: center;">16</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: center;">18</td><td style="text-align: center;">19</td><td style="text-align: center;">20</td><td style="text-align: center;">21</td><td style="text-align: center;">22</td><td style="text-align: center;">23</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">24</td><td style="text-align: center;">25</td><td style="text-align: center;">26</td><td style="text-align: center;">27</td><td style="text-align: center;">28</td><td style="text-align: center;">29</td><td style="text-align: center;">30</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div>	State *	Michigan	Zip *	48439	Gender *	Male	Date of Birth *	7/20/1983	SSN *	111-11-1111	Diagnosis 1 *	[0023] PARATYPHOID FEVER C	Service *	T2022	...	Clear		Place of Service *	Home <input type="button" value="▼"/>				Calendar Month	January <input type="button" value="▼"/>				Calendar Year	2016 <input type="button" value="▼"/>				Default Units	3				<input type="button" value="Update Calendar"/>					Su	Mo	Tu	We	Th	Fr	Sa	<		January 2016					>	1	2						3	4	5	6	7	8	9	3	3	3	3	3	3	3	10	11	12	13	14	15	16	3	3	3	3	3	3	3	17	18	19	20	21	22	23	3	3	3	3	3	3	3	24	25	26	27	28	29	30	3	3	3	3	3	3	3	31							3						
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6. Once the calendar grid is filled out, submit the claim using the **Submit Claims Entry** or **Submit & Add Another Claims Entry** links at the top. The system will automatically generate a claim for each day of service.

REVISED: 11/17/17

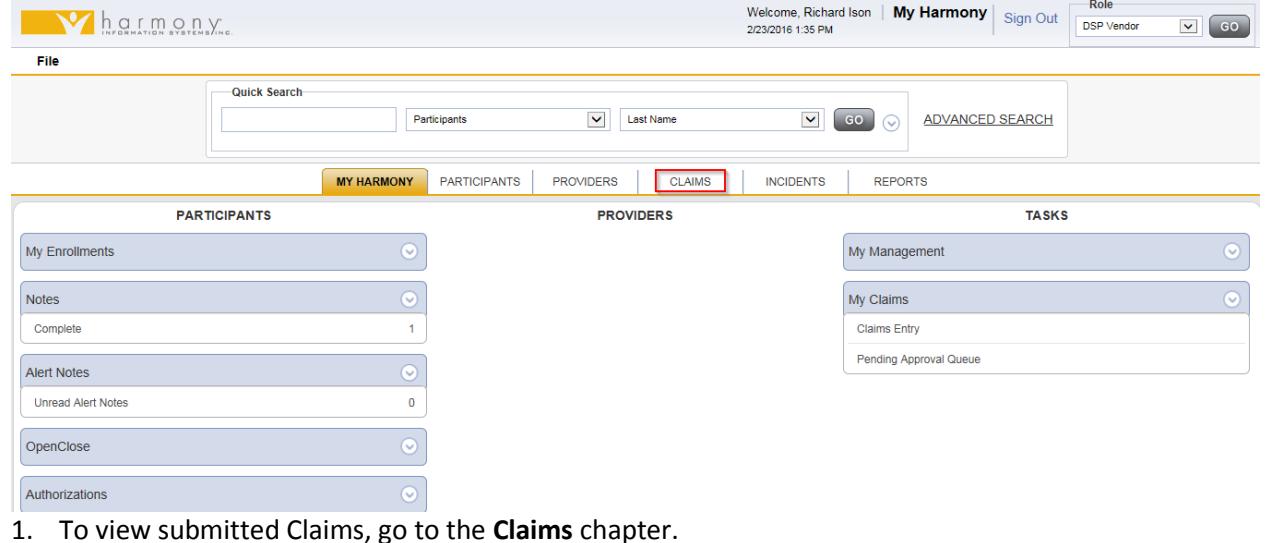
9

## Harmony Claims Submission Process



7. **SPECIAL NOTE FOR CALENDAR CLAIMS ENTRY:** If an authorization contains multiple authorized services for the same service code, each for different date ranges, the user will need to complete the calendar for each authorized service. For example, if a participant is authorized for service code S5130 from 7/1/09 to 7/15/09 and again from 7/20/09 – 7/31/09 after a hospitalization, the user will need to complete one form for the first half of July and another for the last part of the month. As with the service line view, the system will block submission if dates of service fall outside of the range of the authorized service. This problem can be avoided by looking closely at the AuthService dates when you are about to select the Service in the Claim Services section.

## View Claims Submission Results



1. To view submitted Claims, go to the **Claims** chapter.

# Harmony Claims Submission Process

2. The Claims Advanced Search page will appear.
3. Search by submit date, or claim date, etc, and you will see any claims you have submitted.
4. Click X to remove a filter that you are not using. You can not leave it blank.

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Sent To MMIS Date	Reimburse Date
4090555	68517	68517	PRUENT	Area Agency On Aging 1-B	09/10/2015	AAA	Approved	Processed As Primary	09/10/2015	\$600.00	\$600.00	ISONR803		

5. Once filter search fields are filled in, click Search. Results will appear below the filter.
6. Once the list appears it will automatically sort by the most current claim ID number. You have the ability to click on any header in the green bar to sort by that particular field.

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Sent To MMIS Date	Reimburse Date
4090555	██████	██████	██████	Area Agency On Aging 1-B	09/10/2015	AAA	Approved	Processed As Primary	09/10/2015	\$600.00	\$600.00	ISONR803		

7. Note that if you click on the plus sign in the green bar additional information about your claim is made available to you.

# Harmony Claims Submission Process

## Status

The status column of the claim will show you if the claim has been approved or denied. Later this column will allow you to determine if the claim has been paid. Status will remain approved until the information is exported into the accounting system. When this occurs the claims will read PV Exported. Once the check is posted in the accounting system the status will read Paid. Please note that a claim may not be voided and/or replaced when in PV Exported status.

Claims submitted in Harmony are transmitted from Harmony on Friday morning. (Unless otherwise notified, i.e. Holidays) When this occurs all claims transmitted will have a status of PV exported. On Friday when the check is printed or the EFT payment is made the status in Harmony will change to Paid. Since the information is transmitted weekly, vendors who submit claims weekly will receive weekly payments. Since Harmony is a live web-based product, billing can be submitted 24/7 based on the vendors schedule.

The screenshot shows the Harmony Advanced Search interface. At the top, there are search filters for 'Submit Date' (set to 'Equal To' 9/10/2015) and 'Claim ID' (set to 68517). Below the filters are 'Search' and 'Reset' buttons. The results section displays 6 Claim Advanced Search record(s) returned, with the first few rows of data visible. A red box highlights a fly-out menu next to the last row of results, containing options: 'Show Report', 'Void Claim', 'Void & Replace', and 'Resubmit Claim'.

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Sent To MMIS Date	Reimburse Date
4090554	68517	[REDACTED]	[REDACTED]	Area Agency On Aging 1-B	09/10/2015	AAA	Approved	Processed As Primary	09/10/2015	\$600.00	\$600.00	ISONR803		
T2022	08/01/2015	08/01/2015	APPROVED	1.00						\$600.00				Medicaid
4090554	85893	85893	[REDACTED]	Area Agency On Aging 1-B	09/10/2015	AAA	PV Initiated	Processed As Primary	09/10/2015	\$1,038.00	\$1,038.00	ISONR804		
4090553	85893	85893	[REDACTED]	Area Agency On Aging 1-B	09/10/2015	AAA	Voider	Reversal Of Previous Payment	09/10/2015	(\$2,076.00)	(\$2,076.00)	ISONR804		

8. View report from fly out menu, by selecting **Show Report**.

The screenshot shows the Harmony Individual Claim Detail report for Claim ID 4090554. The report includes sections for Patient Information, Payer Information, and various claim details. A red box highlights the 'Show Report' option in the fly-out menu. The 'Individual Claim Detail' section contains fields for Provider, Type, Address, Phone, and Contact. It also lists Diagnosis ID, Diagnosis Code, and Description. The 'Service Details' section shows a service entry for Area Agency on Aging 1-B with a rendering date of 9/10/2015 and a phone number of (248)357-2255. The 'Adjustments' section shows an adjustment code of 4090340 with a description of 34400. The 'Remittance' section shows a remittance ID of 4090421, a date of 8/1/2015, and a paid amount of \$600.00.

Provider	Type	Address	Phone	Contact
Area Agency on Aging 1-B	Rendering	29100 Northwestern Hwy Suite 400 Southfield, MI 48034	(248)357-2255	

Diagnosis ID	Diagnosis Code	Description
4090340	34400	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Delay Reason	Start Date	End Date	Unit Type	Units	Amount
4090421	T2022	AAA	12	-			8/1/2015	8/1/2015	Units	1.00	\$600.00

Adjust Code	Description	Date	Adj Units	Adj Amount	MEDICAID	STATE / LOCAL
					Medicaid	DSP
					Percent	100.00 %

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount
4090421					

9. Claim Detail report will appear.

# Harmony Claims Submission Process

Diagnosis ID	Diagnosis Code	Description													
4090476 Z99Z															
ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Delay Reason	End Date	Unit Type	Units	Amount					
4090557	H2015	AAA	12				Start Date 11/2/2015 11/2/2015	15 Mins	98.00	\$360.64					
Adjust Code	Description			Date	Adj Units	Adj Amount	MEDICAID	STATE / LOCAL							
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)			1/15/2016	98.00	\$360.64	Molina DSP	0.00 %	100.00 %						
Index Code	Sub Object Code	Percent													
Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount	Adjusted By	Date	Units	Adj Amount						
4090415	Denied			0.00	\$0.00	\$0.00									
Claim Adj ID	Reason Code	Description													
<b>Rule That Denied Claim</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Rule Name</th> <th>Rule Description</th> </tr> </thead> <tbody> <tr> <td colspan="2">Allowable Units per day exceeded for service with unit type 1/4hour. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.</td> </tr> </tbody> </table>												Rule Name	Rule Description	Allowable Units per day exceeded for service with unit type 1/4hour. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	
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Allowable Units per day exceeded for service with unit type 1/4hour. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.															

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 Confidential Information - Do Not Distribute

Page 1 of 1

10. If a claim is denied, this report will show the reason why. In this case, a claim was submitted for 98 15-minute units in one day (there's not even that many minutes in a day).

## Void Claims

Claims submitted into the system can not be voided or replaced when the claims is in submitted status to the state. If claims need to be voided and/or replaced and it has been submitted to the state and the state has not responded, you must wait for the states response and then complete void. There is no notification for this process. However, you can look at any give claim and see that in order to do the void or void and replace both the Sent To MMIS and Reimburse Date should be completed.

13 Claim Advanced Search record(s) returned - now viewing 1 through 13														
Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Sent To MMIS Date	Reimburse Date
4090615	85893	85893	[REDACTED]	Area Agency On Aging 1-B	10/07/2015	AAA	PV Initiated	Processed As Primary	10/07/2015	\$519.00	\$519.00	ADMIN41		
Service Code	Start Date	End Date	Status	Unit	Adjusted Amount	Adjustment Code	Amount Paid	Charges	Voucher Number	Sec. Index	Sec. Sub-Object			
T1023	09/01/2015	09/01/2015	APPROVED	1.00			\$519.00	\$519.00	61601156872	Medicaid	DSP			

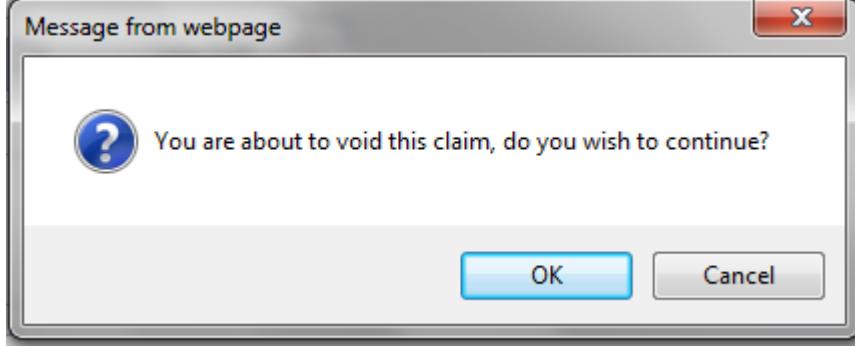
  

13 Claim Advanced Search record(s) returned - now viewing 1 through 13														
Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Sent To MMIS Date	Reimburse Date
4090615	85893	85893	[REDACTED]	Area Agency On Aging 1-B	10/07/2015	AAA	PV Initiated	Processed As Primary	10/07/2015	\$519.00	\$519.00	ADMIN41		
Service Code	Start Date	End Date	Status	Unit	Adjusted Amount	Adjustment Code	Amount Paid	Charges	Voucher Number	Sec. Index				
T1023	09/01/2015	09/01/2015	APPROVED	1.00			\$519.00	\$519.00	61601156872	Medicaid				
4090554	85893	85893	[REDACTED]	Area Agency On Aging 1-B	09/10/2015	AAA	PV Initiated	Processed As Primary	09/10/2015	\$1,038.00	\$1,038.00	ISONR804		
4090544	85893	85893	[REDACTED]	Area Agency On Aging 1-B	09/02/2015	AAA	PV Initiated	Processed As Primary	09/02/2015	\$519.00	\$519.00	ADMIN30		

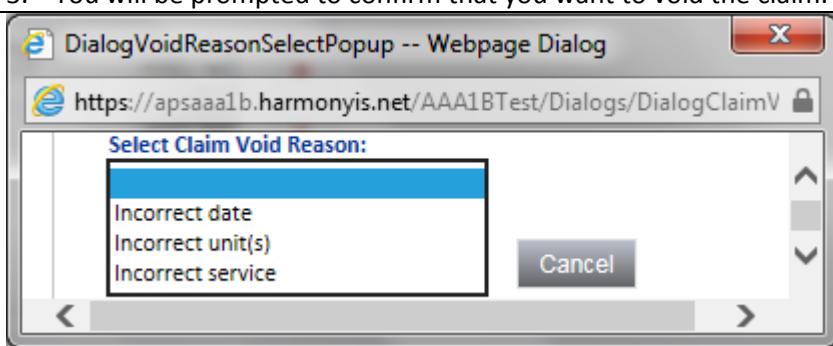
1. You may void claims that you have already submitted.  
 2. Search for the claim that you want to void in the **Claims** chapter. Select **Void Claim** from the fly out menu.

## Harmony Claims Submission Process

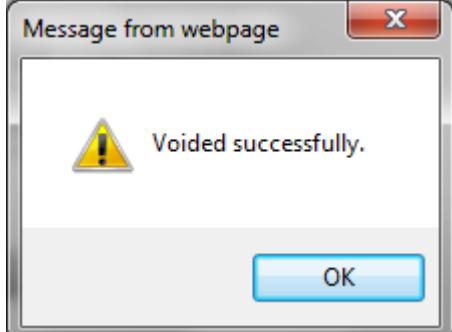
3. You will be prompted to confirm that you want to void the claim. Click **OK** to continue.



4. You will be prompted to select a reason for voiding the claim. Select an appropriate reason and click **Save**. (scroll down to view the save button.)



5. You will receive confirmation that the claim was voided. Click **OK**.



2 Claim Advanced Search record(s) returned - now viewing 1 through 2

	Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No
[+]	4090960	72242	72242	[REDACTED]	[REDACTED]	05/25/2016	AAA	Voider	Reversal Of Previous Payment	05/25/2016	(\$43.20)	(\$43.20)	ISONR827
[+]	4090956	72242	72242	[REDACTED]	[REDACTED]	03/08/2016	AAA	Voided	Processed As Primary	03/08/2016	\$43.20	\$43.20	ISONR827

## Harmony Claims Submission Process

6. If you refresh the Claim Advanced Search screen by clicking Search again, you will now see that the original claim status has changed to void. There is also a new claim created to void the previous claim (Status = Voider).

### Void & Replace Claims

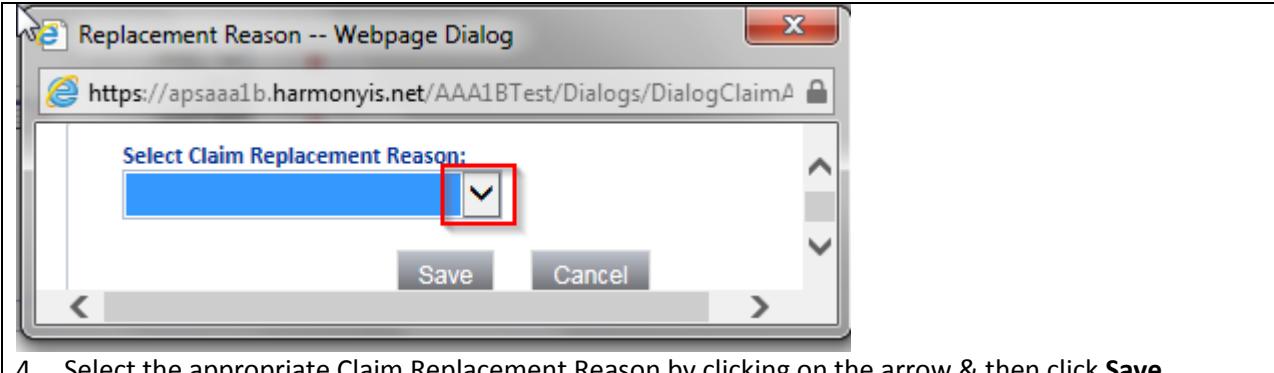
The screenshot shows the Harmony Claims Submission Process interface. At the top, there is a navigation bar with links for File, Quick Search, and Claim Advanced Search. The main area displays a search results grid for a single claim record. A context menu is open over the grid, with the 'Void & Replace' option highlighted. Below the grid, a message dialog box asks if the user wishes to continue with the replacement.

1. If you need to void a claim and have a new claim that you would like to submit at the same time, void and replace is a convenient feature to use.

2. Select **Void & Replace** from the fly out menu on the **Claim Advanced Search** page of the **Claims** chapter.

3. You will be prompted to confirm that you want to replace the claim with a new one. Click **OK**.

## Harmony Claims Submission Process



4. Select the appropriate Claim Replacement Reason by clicking on the arrow & then click **Save**.

Welcome, Richard Ison | **Claims Entr**  
5/25/2016 12:28 PM

**File**

**Submit Claims Entry** (highlighted)  
Spell Check  
Submit & Add Another Claims Entry  
Print  
Close Claims Entry

**Medicaid ID**\* 000349586/  
**Last Name**\* Test  
**First Name**\* Eight One Two  
**Street**\* 123 Elm Street  
**City**\* Lake Orion  
**State**\* Michigan  
**Zip**\* 48362  
**Gender**\* Female  
**Date of Birth**\* 10/14/1933 12:00:00 AM  
**SSN**\* 555-22-3333

**Diagnosis Information**  
ICD Version 9  
Primary Diagnosis \* [135] SARCOIDOSIS  
Diagnosis 2

**Additional Information**  
Provider Claim ID  
Batch No ISONR822

**Claim Services**

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
09/27/2015	09/27/2015	H2015	2	\$7.36	Home	1	<input type="checkbox"/>	<input type="button" value="▼"/>	<b>ADD</b>

5. A claims entry screen will open, populated with the information from the claim that you selected to void & replace. Edit the Claim Services information to correct the error (i.e., change the date or units). When satisfied with the replacement claim, click **Submit Claims Entry**.

# Harmony Claims Submission Process

## Resubmit Denied Claims

Screenshot of the Harmony Claims Submission Process interface showing the 'Claims' section.

The top navigation bar includes: Welcome, Richard Ison 5/25/2016 12:45 PM, Claim Advanced Search, Sign Out, Role Supervisor, and Go.

The main menu tabs are: MY HARMONY, PARTICIPANTS, PROVIDERS, RESOURCES, I&A, CLAIMS (highlighted in yellow), INCIDENTS, and REPORTS.

A 'Filters' section contains search criteria: Participant Last Name (Equal To Test), Submit Date (Greater Than 5/1/2016), Status (Equal To Denied), and Claim ID. A 'Search' button is present.

The results table shows one record:

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Encounter Status	Sent To MMIS	Reimburse Status	Reimburse Date	Rein Am
4090963	87102	87102	TEST	Personal Accounting Services, Inc	05/25/2016	ICO	Denied	Denied	05/25/2016	\$14.72	\$0.00	ISONR828					
Service Code	Start Date	End Date	Status	Unit	Adjusted Amount		Adjustment Code	Amount Paid		Charges	Voucher Number	Sec. Index	Sec. Sub-Object				
H2015	09/27/2015	09/27/2015	DENIED	4.00				\$0.00		\$14.72		AmeriHealth		DSP			

A flyout menu is open on the right side of the table, listing: Show Report, Void Claim, Void & Replace, and Resubmit Claim. The 'Resubmit Claim' option is highlighted with a red box.

**1. If you submit a claim and it is denied, you cannot void it. You must either resubmit a claim or just enter in a new claim with the correct information.**

**2. Select Resubmit Claim from the fly out menu on the Claim Advanced Search page of the Claims chapter.**

**3. You will be prompted to confirm that you want to resubmit the claim. Click OK.**

A message box titled 'Message from webpage' asks: 'You are about to resubmit this claim, do you wish to continue?' with 'OK' and 'Cancel' buttons.

## Harmony Claims Submission Process

Welcome, Richard Ison | **Claims Ent**  
5/25/2016 12:59 PM

<b>File</b> <input style="border: 2px solid red; width: 100%; height: 25px; margin-bottom: 5px;" type="button" value="Submit Claims Entry"/> <input style="width: 100%; height: 25px; margin-bottom: 5px;" type="button" value="Spell Check"/> <input style="width: 100%; height: 25px; margin-bottom: 5px;" type="button" value="Submit &amp; Add Another Claims Entry"/> <input style="width: 100%; height: 25px; margin-bottom: 5px;" type="button" value="Print"/> <input style="width: 100%; height: 25px;" type="button" value="Close Claims Entry"/>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <b>Medicaid ID *</b> 0003495867  <b>Last Name *</b> Test  <b>First Name *</b> Eight One Two  <b>Street *</b> 123 Elm Street  <b>City *</b> Lake Orion  <b>State *</b> Michigan  <b>Zip *</b> 48362  <b>Gender *</b> Female  <b>Date of Birth *</b> 10/14/1933 12:00:00 AM  <b>SSN *</b> 555-22-3333         </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <b>Diagnosis Information</b>           ICD Version 9  <b>Primary Diagnosis *</b> [135] SARCOIDOSIS  <b>Diagnosis 2</b> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <b>Additional Information</b>           Provider Claim ID  <b>Batch No</b> ISONR828         </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <b>Claim Services</b>   <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Start Date</th> <th>End Date</th> <th>Service</th> <th>Units</th> <th>Cost</th> <th>Place Of Service</th> <th>Diagnosis</th> <th>No Show</th> <th>No Show Reason</th> </tr> </thead> <tbody> <tr> <td><input type="text" value="09/27/2015"/></td> <td><input type="text" value="09/27/2015"/></td> <td><input type="text" value="H2015"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="\$14.72"/></td> <td><input type="text" value="Home"/></td> <td><input type="text" value="1"/></td> <td><input type="checkbox"/></td> <td><input type="button" value="ADD"/></td> </tr> </tbody> </table> </div> <div style="border: 2px solid red; border-top: none; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Start Date *</th> <th>End Date *</th> <th>Service *</th> <th>Units *</th> <th>Cost *</th> <th>Place Of Service *</th> <th>Diagnosis</th> <th>No Show</th> <th>No Show Reason</th> </tr> </thead> <tbody> <tr> <td>09/27/2015</td> <td>09/27/2015</td> <td>H2015</td> <td>4</td> <td>\$14.72</td> <td>Home</td> <td>1</td> <td><input type="checkbox"/></td> <td><input type="button" value="DELETE"/></td> </tr> </tbody> </table> </div>	Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	<input type="text" value="09/27/2015"/>	<input type="text" value="09/27/2015"/>	<input type="text" value="H2015"/>	<input type="text" value="4"/>	<input type="text" value="\$14.72"/>	<input type="text" value="Home"/>	<input type="text" value="1"/>	<input type="checkbox"/>	<input type="button" value="ADD"/>	Start Date *	End Date *	Service *	Units *	Cost *	Place Of Service *	Diagnosis	No Show	No Show Reason	09/27/2015	09/27/2015	H2015	4	\$14.72	Home	1	<input type="checkbox"/>	<input type="button" value="DELETE"/>
Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason																													
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09/27/2015	09/27/2015	H2015	4	\$14.72	Home	1	<input type="checkbox"/>	<input type="button" value="DELETE"/>																													

4. A Claim Entry screen will open, populated with the information from the denied claim. Edit the Claim Services information to ensure that the new claim will be approved (i.e., change start and end date or units). When done, click **Submit Claims Entry**.

# Harmony Claims Submission Process

Welcome, Richard Isom  
5/25/2016 1:04 PM | [Claim Advanced Search](#) | [Sign Out](#) | Supervisor | [GO](#)

**File**

Quick Search:  Claims  Claim ID [GO](#) [ADVANCED SEARCH](#)

MY HARMONY | PARTICIPANTS | PROVIDERS | RESOURCES | I&A | **CLAIMS** | INCIDENTS | REPORTS

**Filters**

Participant Last Name	Equal To	Test	AND	X
Service Start Date	Greater Than	9/24/2015	AND	X
Claim ID	+			

[Search](#) [Reset](#)

42 Claim Advanced Search record(s) returned - now viewing 1 through 15

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Encounter Status	Sent To MMIS	Reimburse Status	Reimburse Date	Reimburse Amount	Rollup Number
4090964	87102	87102	TEST	Personal Accounting Services, Inc	05/25/2016	ICO	Approved	Processed As Primary	05/25/2016	\$14.72	\$14.72	ISONR828						
H2015					09/25/2015	09/25/2015	APPROVED	4.00							AmeriHealth	DSP		
4090963	87102	87102	TEST	Personal Accounting Services, Inc	05/25/2016	ICO	Denied	Denied	05/25/2016	\$14.72	\$0.00	ISONR828						
H2015					09/27/2015	09/27/2015	DENIED	4.00							AmeriHealth	DSP		

5. If you refresh the **Claim Advanced Search** screen by clicking **Search** again, you will now see a new claim matching the information you resubmitted.

## Submitting No Show Reasons

**File**

<b>Vendor/Provider Information</b>		<b>Participant Information</b>	
Rendering Provider *	Personal Accounting Services, Inc	Case No *	87102
Service Type *	AAA	Medicaid ID *	0003495867
Vendor No *	PERACC	Last Name *	Test
Name *	Personal Accounting Ser	First Name *	Eight One Two
Tax ID *	38-3484475	Street *	123 Elm Street
Claims Identifier *	HIS_3081	City *	Lake Orion
		State *	Michigan
		Zip *	48362
		Gender *	Female
		Date of Birth *	10/14/1933
		SSN *	555-22-3333

**Diagnosis Information**

ICD Version	9	Provider Claim ID	
Primary Diagnosis *	[135] SARCOIDOSIS	Batch No	isonr829

**Claim Services**

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show
9/1/2015	9/1/2015	H2015	0	\$0.00	Home	1	<input checked="" type="checkbox"/>

**Additional Information**

V/W No Show
V/W Sick
V/W Schedule Prob
V/W Not Available
V/W Bad Weather
V/W Holiday
P. Not Available
P. Cancelled
P. Sick
P. Hospitalized
P. Nursing Facility
P. Decreased Hours
P. Refused Worker

1. You will now submit vendor and participant no show reasons using the claims entry functionality.  
 2. Follow steps 2-7 in the Claims Entry Instructions above.  
 3. On the Claims Services line, enter the date of service missed. Enter 0 units delivered. Check the No Show checkbox. Select the appropriate No Show reason.

# Harmony Claims Submission Process

File      Welcome, Richard Ison | **Claims Ent**  
5/25/2016 2:41 PM

<b>Vendor/Provider Information</b>		<b>Participant Information</b>									
Rendering Provider *	Personal Accounting Services, Inc	Case No *	87102								
Service Type *	AAA	Medicaid ID *	0003495867								
Vendor No *	PERACC	Last Name *	Test								
Name *	Personal Accounting Ser	First Name *	Eight One Two								
Tax ID *	38-3484475	Street *	123 Elm Street								
Claims Identifier *	HIS_3081	City *	Lake Orion								
		State *	Michigan								
		Zip *	48362								
		Gender *	Female								
		Date of Birth *	10/14/1933								
		SSN *	555-22-3333								
<b>Diagnosis Information</b>		<b>Additional Information</b>									
ICD Version	9	Provider Claim ID									
Primary Diagnosis *	[135] SARCOIDOSIS	Batch No	isonr829								
<b>Claim Services</b>											
<input checked="" type="radio"/> Service Line View <input type="radio"/> Calendar View											
Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason			
9/1/2015		H2015	...	Clear	0	\$0.00	Home	1	<input checked="" type="checkbox"/>	P. Not Available	<b>ADD</b>

4. Click Add to add the service to the claim:

File      Welcome, Richard Ison | **Claims Ent**  
5/25/2016 2:41 PM

<input type="button" value="Submit Claims Entry"/> <input type="button" value="Spell Check"/> <input type="button" value="Submit &amp; Add Another Claims Entry"/> <input type="button" value="Print"/> <input type="button" value="Close Claims Entry"/>		<b>Participant Information</b>									
Medicaid ID *	0003495867	Last Name *	Test								
First Name *	Eight One Two	Street *	123 Elm Street								
City *	Lake Orion	State *	Michigan								
Zip *	48362	Gender *	Female								
Date of Birth *	10/14/1933	SSN *	555-22-3333								
<b>Diagnosis Information</b>		<b>Additional Information</b>									
ICD Version	9	Provider Claim ID									
Primary Diagnosis *	[135] SARCOIDOSIS	Batch No	isonr829								
<b>Claim Services</b>											
<input checked="" type="radio"/> Service Line View <input type="radio"/> Calendar View											
Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason			
9/1/2015		H2015	...	Clear	0	\$0.00	Home	1	<input type="checkbox"/>	P. Not Available	<b>ADD</b>
Start Date *	End Date *	Service *	Units *	Cost *	Place Of Service *	Diagnosis	No Show	No Show Reason			
9/1/2015		H2015	0	\$0.00	Home	1	<input checked="" type="checkbox"/>	P. Not Available	<b>DELETE</b>		

5. Submit Claims Entry.

# Harmony Claims Submission Process

Welcome, Richard Ison | [Claim Advanced Search](#) | [Sign Out](#) | Role AAA1-B System Admin | [GO](#)

**File**

**Quick Search**

Claims      Claim ID      [GO](#)      [ADVANCED SEARCH](#)

MY HARMONY    PARTICIPANTS    PROVIDERS    RESOURCES    I&A    **CLAIMS**    INCIDENTS    UTILITIES    REPORTS

**Filters**

Participant Last Name: Equal To Test AND  
 Service Start Date: Equal To 9/1/2015 AND  
 Claim ID: +

[Search](#)   [Reset](#)

4 Claim Advanced Search record(s) returned - now viewing 1 through 4

Claim ID	Submitter Claim ID	Case No	Participant Last Name	Provider Name	Submit Date	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Encounter Status	Sent To MMS	Reimburse Status	Reimburse Date	Reimburse Amount	Rollup Number
4090965	87102	87102	TEST	Personal Accounting Services, Inc	05/25/2016	ICO	Denied	Denied	05/25/2016	\$0.00	\$0.00	ISONR829						

6. If you go to the **Claims** chapter and search for claims submitted, you will see the no show claim that you submitted. The status is denied because there is no payment made. However, the no show reason has been submitted successfully.

Submitter Claim ID: 87102	<b>Patient Information</b>				<b>Payer Information</b>					
Status: Case No: 87102	Medicaid ID: 0003495867 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH									
Claim Source: Direct	Name: TEST, EIGHT ONE TWO SSN: 555223333 Unknown Unknown									
Submit Date: 5/25/2016	Address: 123 ELM STREET DOB: 10/14/1933 Unknown, Unknown Unknown									
Receipt Date: 5/25/2016	Sex: Female Paper Claim No									
Worker: Phone: (248)333-4444	Marital: Never Married/Single Print Status									
Authorization: 189722	Delay Reason -									
Auth No:										
Provider: Personal Accounting Services, Inc	Type: Rendering	Address: 3657 Metro Mall St. Wayne, MI 48184		Phone: (734)729-3100	Contact: Patti Sielaff					
Diagnosis ID: 4090750 Diagnosis Code: 135		Description								
ServiceID: 4090831 Service Code: H2015 Service Type: AAA Location: 12		Level of Care: 12		Provider: - Delay Reason: -		End Date: 9/1/2015	Unit Type: 15 Mins	Units: 0.00	Amount: \$0.00	
Start Date: 9/1/2015										
Adjust Code: 115 Description: Procedure postponed, canceled, or delayed.		Date: 5/25/2016	Adj Units: 0.00	Adj Amount: \$0.00	Index Code: Sub Object Code: Percent: 0.00 %		MEDICAID	STATE / LOCAL		
Remittance ID: 4090689 Remit Status: Denied Check No:		Check Date:	Units: 0.00	Paid Amount: \$0.00						
Claim Adj ID: Reason Code:		Description:	Adjusted By:		Date:	Units:	Adj Amount:			
<b>Rule That Denied Claim</b>		<b>Claim Documents</b>								
Rule Name: No Show		Rule Description: Denied due to missed appointment.								
		Document:	Status:	Doc Date:	Code:					

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7. If you look at the report by selecting View Report from the fly out menu, you will see that the reason the claim was denied was because of the no show information.