

Harmony Claims Submission Process

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

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 Information Systems, Inc. interface. The user is logged in as Richard Ison, a DSP Vendor, on 2/23/2016 at 12:54 PM. The 'My Harmony' page is displayed with tabs for PARTICIPANTS, PROVIDERS, CLAIMS, INCIDENTS, and REPORTS. The 'MY HARMONY' tab is active. Under the 'PARTICIPANTS' section, there are links for 'My Enrollments', 'Notes' (1 complete), and 'Alert Notes' (0 unread). Under the 'TASKS' section, the 'My Claims' dropdown menu is open, showing 'Claims Entry' and 'Pending Approval Queue'. A red box highlights the 'Claims Entry' option.

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 'Claims Entry' window. It is divided into several sections: 'Authorization' (with a dropdown), 'Vendor/Provider Information' (with fields for Rendering Provider, Service Type, Vendor No, Name, Tax ID, and Claims Identifier), 'Participant Information' (with fields for Case No, Medicaid ID, Last Name, First Name, Street, City, State, Zip, Gender, Date of Birth, and SSN), 'Diagnosis Information' (with a field for Diagnosis 1), and 'Claim Services' (with fields for Provider Claim ID and Batch No). The 'Batch No' field is pre-filled with 'isonr826'.

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

Harmony Claims Submission Process

harmony INFORMATION SYSTEMS, INC. Welcome, Richard Ison 2/23/2016 1:02 PM Claims Entry

File

Authorization

Authorization * 189511 X

Vendor/Provider Information

Rendering Provider *

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 *

Additional Information

Provider Claim ID

Batch No isonr826

Claim Services

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

harmony INFORMATION SYSTEMS, INC. Welcome, Richard Ison 2/23/2016 1:02 PM Claims Entry

File

Authorization

Authorization *

Vendor/Provider Information

Rendering Provider *

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 *

Additional Information

Provider Claim ID

Batch No isonr826

Claim Services

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

Filters

Auth Number Begins With AND

Lastname Begins With AND

Auth Number +

Search Reset

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

Test

AND

×

Auth Number

+

Search

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

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

h a r m o n y

INFORMATION SYSTEMS

Welcome, Richard Ison

2/23/2016 1:02 PM

Claims Entry

File

Authorization

Authorization *

188160

Authorization Date Range

01/09/2014 - 09/30/2014

Vendor/Provider Information

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

Participant Information

Case No *

84901

Medicaid ID *

NA

Last Name *

Test

First Name *

Test

Street *

1234 Iamtired Dr.

City *

Grand Blanc

State *

Michigan

Zip *

48439

Gender *

Male

Date of Birth *

7/20/1983

SSN *

111-11-1111

Diagnosis Information

Diagnosis 1 *

[0023] PARATYPHOID FEVER C

Additional Information

Provider Claim ID

Batch No

isonr826

- 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).
- 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.
- 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.

REVISED: 11/17/17

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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 displays the Harmony Claims Entry interface. At the top, the Harmony logo is on the left, and the user's name 'Welcome, Richard Ison' and the date '2/23/2016 1:35 PM' are on the right. Below the header is a 'File' menu bar. The main form is divided into several sections: 'Authorization' (with fields for Authorization * and Authorization Date Range), 'Vendor/Provider Information' (with fields for Rendering Provider *, Service Type *, Vendor No *, Name *, Tax ID *, and Claims Identifier *), 'Participant Information' (with fields for Case No *, Medicaid ID *, Last Name *, First Name *, Street *, City *, State *, Zip *, Gender *, Date of Birth *, and SSN *), 'Diagnosis Information' (with a field for Diagnosis 1 *), and 'Additional Information' (with fields for Provider Claim ID and Batch No). Below these sections is the 'Claim Services' section, which contains two radio buttons: 'Service Line View' (which is selected and highlighted with a red box) and 'Calendar View'. At the bottom of the form is a table with columns: Start Date, End Date, Service, Units, Cost, Place Of Service, Diagnosis, No Show, and No Show Reason. The table has one row with data: Start Date, End Date, Service (with a dropdown arrow), Units, Cost, Place Of Service (with a dropdown arrow), Diagnosis (with a dropdown arrow), No Show (with a checkbox), and No Show Reason (with a dropdown arrow). An 'ADD' button is located to the right of the table.

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

File

Authorization

Authorization * 189511
Authorization Date Range 06/15/2014 - 06/16/2014

Vendor/Provider Information

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

Participant Information

Case No * 84901
Medicaid ID * NA
Last Name * Test
First Name * Test
Street * 1234 Iamired Dr.
City * Grand Blanc
State * Michigan
Zip * 48439
Gender * Male
Date of Birth * 7/20/1983
SSN * 111-11-1111

Diagnosis Information

Diagnosis 1 * [0023] PARATYPHOID FEVER C

Additional Information

Provider Claim ID
Batch No isonr826

Claim Services

☒ Service Line View
☐ Calendar View

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
		...	Clear			1	<input type="checkbox"/>		ADD

Start Date *	End Date *	Service *	Units *	Cost *	Place Of Service *	Diagnosis	No Show	No Show Reason	
--------------	------------	-----------	---------	--------	--------------------	-----------	---------	----------------	--

2. The following fields need to be completed:

- Start Date** - Date of Service
- End Date** - The same as the start date (date of service).
- 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: Service Category Search Text: Search Cancel

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

- 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: Search Cancel

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

REVISED: 11/17/17

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Harmony Claims Submission Process

Claim Services

● Service Line View ○ Calendar View

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

h a r m o n y
INFORMATION SYSTEMS, INC.

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

File

Submit Claims Entry
Spell Check
Submit & Add Another Claims Entry
Print
Close Claims Entry

Agency on Aging 1-29505

17

Last Name * Test
First Name * Test
Street * 1234 Iamired Dr.
City * Grand Blanc
State * Michigan
Zip * 48439
Gender * Male
Date of Birth * 7/20/1983
SSN * 111-11-1111

Diagnosis Information

Diagnosis 1 * [0023] PARATYPHOID FEVER C

Additional Information

Provider Claim ID
Batch No isonr826

Claim Services

● Service Line View ○ Calendar View

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
						1	<input type="checkbox"/>		ADD
6/15/2014	6/15/2014	T2022	1	\$600.00	Home	1	<input type="checkbox"/>		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

Claim Services

☐ Service Line View ☒ Calendar View

Service * ... Clear

Place of Service *

Calendar Month

Calendar Year

Default Units

Update Calendar

January 2016						
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						

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.

Claim Services

☐ Service Line View ☒ Calendar View

Service * ... Clear

Place of Service *

Calendar Month

Calendar Year

Default Units

Update Calendar

January 2016						
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						

2. In the calendar view, (filling in information from top to bottom) select the **service** 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 **Place of Service**, it will auto-populate once the service code has been selected.

Claim Services

☐ Service Line View ☒ Calendar View

Service * ... Clear

Place of Service *

Calendar Month

Calendar Year

Default Units

Update Calendar

January 2016						
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						

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 **Calendar month** and **Calendar year** drop down menus. If the dropdown menus are used, the **Update Calendar** 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).

Harmony Claims Submission Process

Claim Services

☐ Service Line View
 ☒ Calendar View

Service *

T2022

...

Clear

Place of Service *

Home

Calendar Month

January

Calendar Year

2016

Default Units

3

Update Calendar

<

January 2016

>

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

- The number of units delivered each day can be entered by tabbing through 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.
- 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.

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.

Harmony Claims Submission Process

The screenshot shows a web browser window with the title "DialogVendorServiceSelectPopUp -- Webpage Dialog". The address bar displays the URL: http://test.aaa1bnetwork.com/AAA1B_Test/Dialogs/DialogVendorServiceSelectPopUp.aspx?VendorID=557&AuthID=154414&AuthServiceID=0&StartDate=&EndDate=

Below the address bar, there is a search section with "Search By:" set to "Service Type" and a "Search Text:" input field. A "Search" button is located to the right.


The main content area displays a table with the following columns: ServiceID, ServiceCode, SecondaryCode, Service, UnitCost, UnitType, EffectiveDate, EndDate, SvcStartDate, SvcEndDate, ServiceID, and AuthServiceID. The table contains two rows of data, both for "Homemaker service, nos; per 15 minutes". A red rectangle highlights the "SvcStartDate" and "SvcEndDate" columns for both rows.

ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	ServiceID	AuthServiceID
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/01/2009	07/15/2009	3444	6323
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/20/2009	07/31/2009	3444	6324

The status bar at the bottom shows the URL: http://test.aaa1bnetwork.com/AAA1B_Test/Dialogs/DialogVendorServiceSelectPopUp.aspx?VendorID=557&AuthID=154414&AuthServiceID=0&StartDate=&EndDate= and the Internet Explorer icon.

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



Welcome, Richard Ison | **My Harmony** | [Sign Out](#)

Role
DSP Vendor

File

Quick Search

Participants

Last Name

GO

ADVANCED SEARCH

MY HARMONY
PARTICIPANTS
PROVIDERS
CLAIMS
INCIDENTS
REPORTS

PARTICIPANTS

PROVIDERS

TASKS

My Enrollments

Notes

Complete 1

Alert Notes

Unread Alert Notes 0

OpenClose

Authorizations

My Management

My Claims

Claims Entry

Pending Approval Queue

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.

Filters

Submit Date: [v] Equal To: [v] 9/10/2015 [c] AND [v] [x]

Claim ID: [v] +

Search Reset

6 Claim Advanced Search record(s) returned - now viewing 1 through 6

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	[REDACTED]	Area Agency On Aging 1-B	09/10/2015	AAA	Approved	Processed As Primary	09/10/2015	\$600.00	\$600.00	ISONR803		

Service Code: T2022 Start Date: 08/01/2015 End Date: 08/01/2015 Status: APPROVED Unit: 1.00 Adjusted Amount: \$600.00 Adjustment Code: Amount Paid: \$600.00 Charges: \$600.00 Voucher Number: ISONR804 Sec. Index: 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

Show Report
Void Claim
Void & Replace
Resubmit Claim

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

HTML Export

1 of 1 Find | Next

harmony INFORMATION SYSTEMS INC.

Individual Claim Detail

Generated By: Richard Ison on 02/23/2016 03:13 PM

Claim ID: 4090555
Submitter Claim ID: 68517
Status: [REDACTED]
Claim Source: Direct
Submit Date: 9/10/2015
Receipt Date: 9/10/2015
Worker: [REDACTED]
Authorization: 189714
Auth No: [REDACTED]

Patient Information
Case No: 68517
Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED]

Payer Information
Medicaid ID: [REDACTED]
SSN: [REDACTED]
DOB: [REDACTED]
Sex: Female
Marital: Never Married/Single
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Unknown Unknown
Unknown, Unknown Unknown

Paper Claim No
Print Status
Delay Reason -

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	End Date	Unit Type	Units	Amount
							Start Date			
							8/1/2015	Units	1.00	\$600.00
4090421	T2022	AAA	12							

Adjust Code	Description	Date	Adj Units	Adj Amount

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount

Index Code
Sub Object Code
Percent
MEDICAID
STATE / LOCAL
Medicaid
DSP
0.00 %
100.00 %

9. Claim Detail report will appear.

Harmony Claims Submission Process

Diagnosis ID	Diagnosis Code	Description
4090476	Z992	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Delay Reason	End Date	Unit Type	Units	Amount
							Start Date	11/2/2015	15 Mins	\$360.64
4090557	H2015	AAA	12				11/2/2015			

Adjust Code	Description	Date	Adj Units	Adj Amount
45	Charge exceeds fee schedule/maximum allowable or contracted/registered fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	1/15/2016	98.00	\$360.64

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount
4090415	Denied			0.00	\$0.00

Claim Adj ID	Reason Code	Description	Adjusted By	Date	Units	Adj Amount

Rule That Denied Claim	Rule Name	Rule Description
		Allowable Units per day exceeded for service with unit type 1/4hour Charge exceeds fee schedule/maximum allowable or contracted/registered fee arrangement.

Claim Documents	Document	Status	Doc Date	Code

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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.

Filters

Submit Date

Greater Than

1/1/2015

AND

X

Status

Equal To

PV Initiated

AND

X

Claim ID

+

Search Reset

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		Area Agency On Aging 1-B	10/07/2015	AAA	PV Initiated	Processed As Primary	10/07/2015	\$519.00	\$519.00	ADMIN41		
T1023					09/01/2015		APPROVED			1.00				

Service Code

Start Date

End Date

Status

Unit

Adjusted Amount

Adjustment Code

Amount Paid

Charges

Voucher Number

Sec. Index

Sec. Sub-Object

Filters

Submit Date

Greater Than

1/1/2015

AND

X

Status

Equal To

PV Initiated

AND

X

Claim ID

+

Search Reset

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		Area Agency On Aging 1-B	10/07/2015	AAA	PV Initiated	Processed As Primary	10/07/2015	\$519.00	\$519.00	ADMIN41		
T1023					09/01/2015		APPROVED			1.00				
4090554	85893	85893		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		Area Agency On Aging 1-B	09/02/2015	AAA	PV Initiated	Processed As Primary	09/02/2015	\$519.00	\$519.00	ADMIN30		

Service Code

Start Date

End Date

Status

Unit

Adjusted Amount

Adjustment Code

Amount Paid

Charges

Voucher Number

Sec. Index

Sec. Sub-Object

Show Report

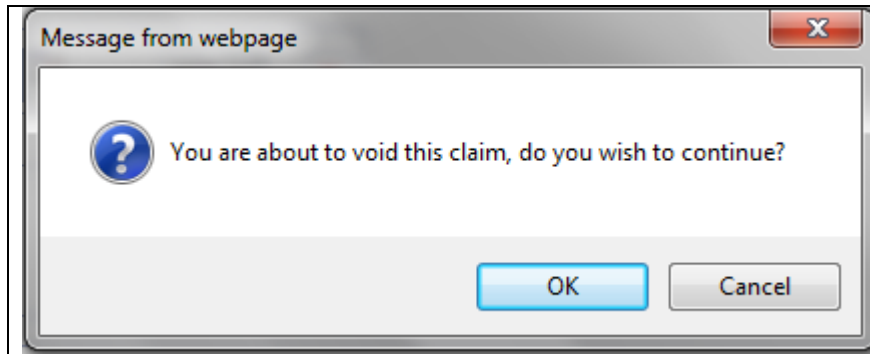
Void Claim

Void & Replace

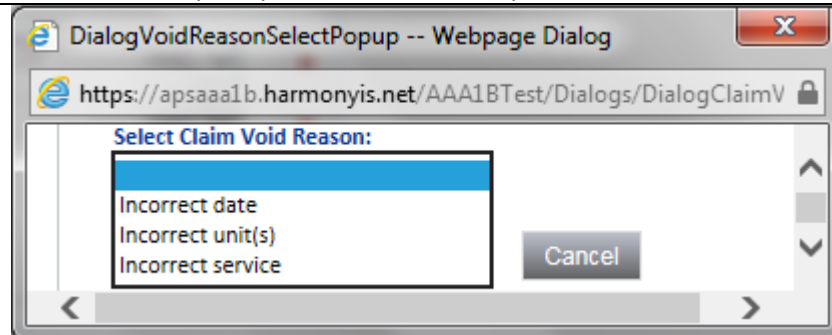
Resubmit Claim

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.

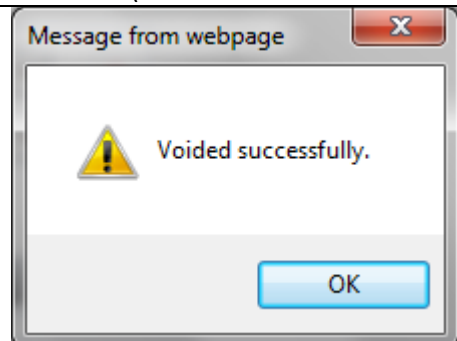
Harmony Claims Submission Process



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**.

Filters

Case No Equal To 72242 AND

Service Start Date Equal To 3/23/2015 AND

Claim ID +

Search Reset

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			05/25/2016	AAA	Voider	Reversal Of Previous Payment	05/25/2016	(\$43.20)	(\$43.20)	ISONR827
+	4090956	72242	72242			03/08/2016	AAA	Voided	Processed As Primary	03/08/2016	\$43.20	\$43.20	ISONR827

Harmony Claims Submission Process

- 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).

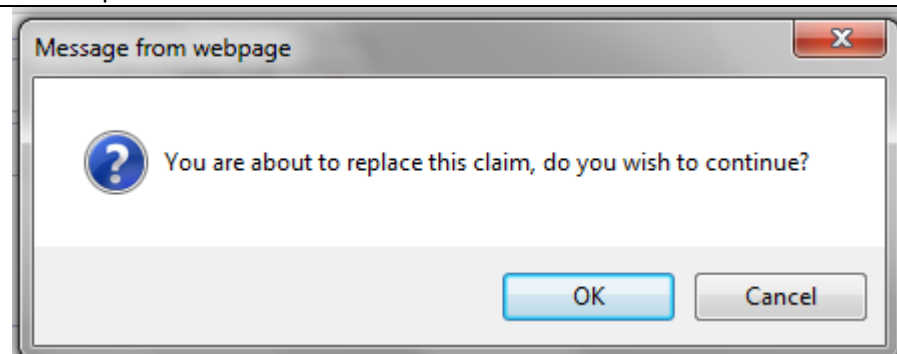
Void & Replace Claims

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

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
4090694	87102	87102	TEST	Personal Accounting Services, Inc	01/15/2016	ICO	Approved	Processed As Primary	01/15/2016	\$7.36	\$7.36	ISONR822						

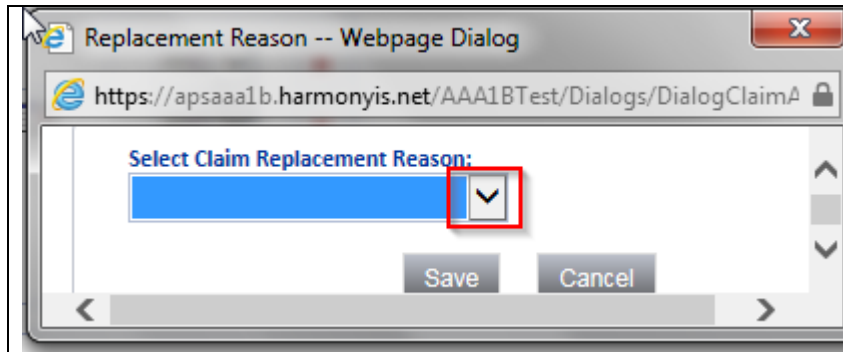
6.1.4.0

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



- 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**.

harmony INFORMATION SYSTEMS INC. Welcome, Richard Ison | Claims Entry 5/25/2016 12:28 PM

File

- Submit Claims Entry
- Spell Check
- Submit & Add Another Claims Entry
- Print
- Close Claims Entry

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 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"/>		DELETE

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

harmony

INFORMATION SYSTEMS

Welcome, Richard Ison
5/25/2016 12:45 PM

Claim Advanced Search

Sign Out

Note
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

Submit Date

Greater Than

5/1/2016

AND

X

Status

Equal To

Denied

AND

X

Claim ID

+

Search

Reset

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

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 Amt
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		AmeriHealt	DSP

Show Report

Void Claim

Void & Replace

Resubmit Claim

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.

Message from webpage

?

You are about to resubmit this claim, do you wish to continue?

OK

Cancel

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

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Harmony Claims Submission Process

Welcome, Richard Ison
5/25/2016 12:59 PM

Claims Entry

File

Submit Claims Entry

Spell Check

Submit & Add Another Claims Entry

Print

Close Claims Entry

CC

al Accounting Ser

4475

081

Medicaid ID *

Last Name *

First Name *

Street *

City *

State *

Zip *

Gender *

Date of Birth *

SSN *

0003495867

Test

Eight One Two

123 Elm Street

Lake Orion

Michigan

48362

Female

10/14/1933 12:00:00 AM

555-22-3333

Diagnosis Information

ICD Version

9

Primary Diagnosis *

[135] SARCOIDOSIS

Diagnosis 2

Additional Information

Provider Claim ID

Batch No

ISONR828

Claim Services

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
						1	<input type="checkbox"/>		ADD
09/27/2015	09/27/2015	H2015	4	\$14.72	Home	1	<input type="checkbox"/>		DELETE

Harmony Claims Submission Process

harmony INFORMATION SYSTEMS INC.

Welcome, Richard Ison 5/25/2016 1:04 PM **Claim Advanced Search** Sign Out Supervisor [v] GO

File

Quick Search

Claims [v]
Claim ID [v]
GO [v]

[ADVANCED SEARCH](#)

MY HARMONY
PARTICIPANTS
PROVIDERS
RESOURCES
I&A
CLAIMS
INCIDENTS
REPORTS

Filters

Participant Last Name [v]

Equal To [v]

Test [v]

AND [v]

X [v]

Service Start Date [v]

Greater Than [v]

9/24/2015 [v]

AND [v]

X [v]

Claim ID [v]

[+]

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	
[icon]	4090964	87102	87102	TEST	Personal Accounting Services, Inc	05/25/2016	ICO	Approved	Processed As Primary	05/25/2016	\$14.72	\$14.72	ISONR828							
		Service Code	Start Date	End Date	Status	Unit	Adjusted Amount	Adjustment Code	Amount Paid	Charges	Voucher Number	Sec. Index	Sec. Sub-Object							
		H2015	09/25/2015	09/25/2015	APPROVED	4.00			\$14.72	\$14.72		AmeriHealt	DSP							
[icon]	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		AmeriHealt	DSP							

Submitting No Show Reasons

File

Vendor/Provider Information

Rendering Provider *

Personal Accounting Services, Inc

Service Type *

AAA

Vendor No *

PERACC

Name *

Personal Accounting Ser

Tax ID *

38-3484475

Claims Identifier *

HIS_3081

Participant Information

Case No *

87102

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

Diagnosis Information

ICD Version

9

Primary Diagnosis *

[135] SARCOIDOSIS

Claim Services

Service Line View

Calendar View

Additional Information

Provider Claim ID

Batch No

isonr829

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"/>

V/VW No Show

V/VW Sick

V/VW Schedule Prob

V/VW Not Available

V/VW Bad Weather

V/VW Holiday

P. Not Available

P. Cancelled

P. Sick

P. Hospitalized

P. Nursing Facility

P. Decreased Hours

P. Refused Worker

- You will now submit vendor and participant no show reasons using the claims entry functionality.
- Follow steps 2-7 in the Claims Entry Instructions above.
- 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

Welcome, Richard Ison
5/25/2016 2:41 PM

Claims Ent

File

Vendor/Provider Information

Rendering Provider *
Personal Accounting Services, Inc
Service Type *
AAA
Vendor No *
PERACC
Name *
Personal Accounting Ser
Tax ID *
38-3484475
Claims Identifier *
HIS_3081

Participant Information

Case No *
87102
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

Diagnosis Information

ICD Version
9
Primary Diagnosis *
[135] SARCOIDOSIS

Claim Services

Service Line View
Calendar View

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
9/1/2015	9/1/2015	H2015	0	\$0.00	Home	1	<input checked="" type="checkbox"/>	P. Not Available	ADD

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

Welcome, Richard Ison
5/25/2016 2:41 PM

Claims Ent

File

Submit Claims Entry

Spell Check

Submit & Add Another Claims Entry

Print

Close Claims Entry

Participant Information

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

Diagnosis Information

ICD Version
9
Primary Diagnosis *
[135] SARCOIDOSIS

Claim Services

Service Line View
Calendar View

Start Date	End Date	Service	Units	Cost	Place Of Service	Diagnosis	No Show	No Show Reason	
						1	<input type="checkbox"/>		ADD

Start Date *	End Date *	Service *	Units *	Cost *	Place Of Service *	Diagnosis	No Show	No Show Reason	
9/1/2015	9/1/2015	H2015	0	\$0.00	Home	1	<input checked="" type="checkbox"/>	P. Not Avail	DELETE

5. Submit Claims Entry.

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Harmony Claims Submission Process

Welcome, Richard Ison
5/25/2016 2:50 PM

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
X

Service Start Date
Equal To
9/1/2015
AND
X

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 MMIS	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
Status:
Claim Source: Direct
Submit Date: 5/25/2016
Receipt Date: 5/25/2016
Worker:
Authorization: 189722
Auth No:

Patient Information

Case No: 87102
Name: TEST, EIGHT ONE TWO
Address: 123 ELM STREET
LAKE ORION, MI 48362
Phone: (248)333-4444

Payer Information

MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH
Unknown Unknown
Unknown, Unknown Unknown

Paper Claim No
Print Status
Delay Reason -

Provider	Type	Address	Phone	Contact
Personal Accounting Services, Inc	Rendering	3657 Metro Mall St. Wayne, MI 48184	(734)729-3100	Patti Sielaff

Diagnosis ID	Diagnosis Code	Description
4090750	135	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Delay Reason	Start Date	End Date	Unit Type	Units	Amount
4090831	H2015	AAA	12				9/1/2015	9/1/2015	15 Mins	0.00	\$0.00

Adjust Code	Description	Date	Adj Units	Adj Amount
115	Procedure postponed, canceled, or delayed.	5/25/2016	0.00	\$0.00

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount
4090689	Denied			0.00	\$0.00

Claim Adj ID	Reason Code	Description	Adjusted By	Date	Units	Adj Amount

Rule That Denied Claim

Rule Name
Rule Description

No Show
Denied due to missed appointment.

Claim Documents

Document
Status
Doc Date
Code

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Page 1 of 1

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.