

Web Roster Claim Basics

Overview

AMH providers can bill against an active plan of care using the Roster Billing function on the Provider Web Portal. The plan of care is the source for most of the claim data on the roster billing screen.

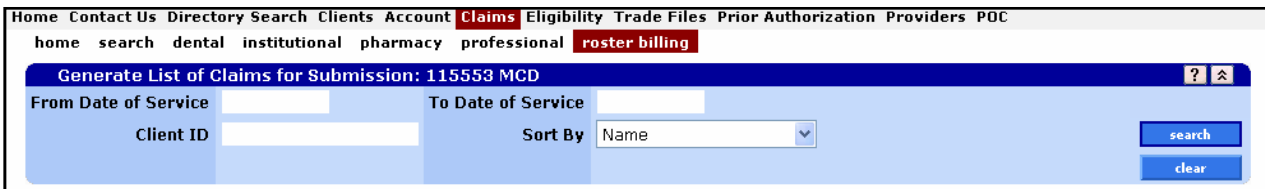
- For any information that the system doesn't already pull from the Plan of Care, providers complete roster claim line items that indicate the services being billed.
- When a provider fills out a roster claim line item, the system automatically creates a professional (CMS-1500) claim for the line item entered.
- Once a provider submits a completed Web roster claim, it looks like any other claim in the system. Providers can view roster claims from the Claims→Search page, like any other claim type.

To access roster billing:

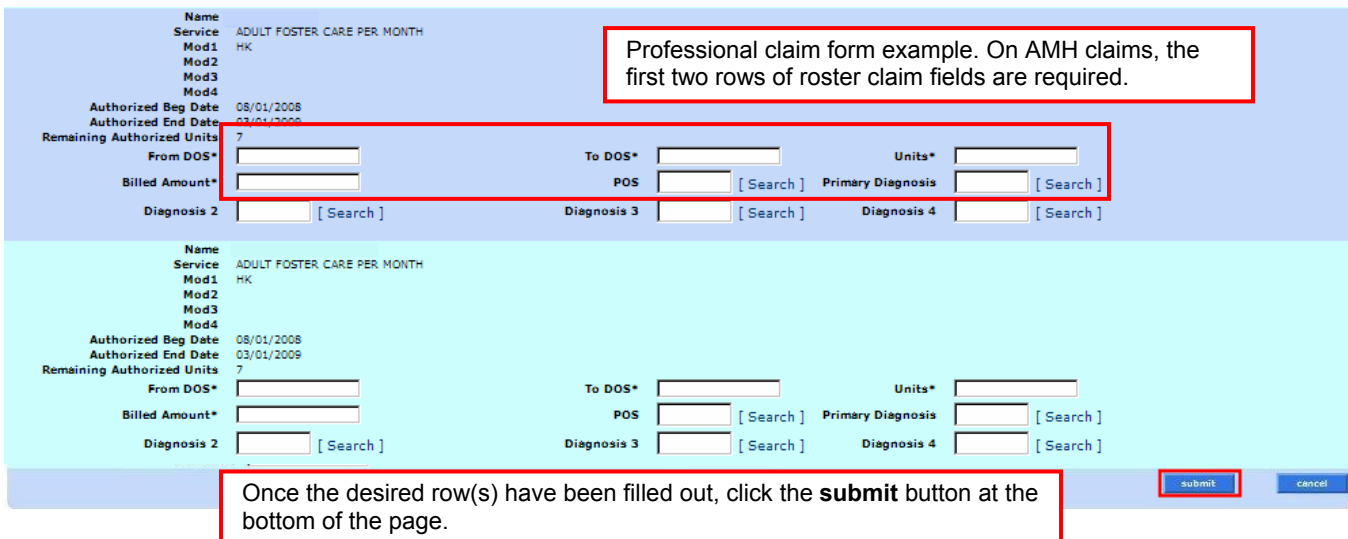
Select "Claims," then "Roster Billing" from the Web portal menu bar.

To submit Web roster claims:

On the Roster Billing search screen, search by dates of service (MM/DD/YYYY); click "Search."



From the list of search results, enter billing information for the client(s) you need to bill services for. Refer to AMH provider guidelines for the required information for your program. The search results will only include clients you currently serve.



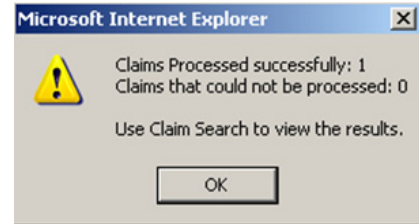
Professional claim form example. On AMH claims, the first two rows of roster claim fields are required.

Once the desired row(s) have been filled out, click the **submit** button at the bottom of the page.

What happens after you submit a Web roster claim

The system will create a CMS-1500 for each row completed on the Roster Billing Search Results screen, using the existing Plan of Care information and information entered on the Roster Billing Search Results screen.

- The Web portal will return a message stating how many claims processed successfully and how many did not.
- **“Processed successfully” does not mean paid.** You will need to search for the CMS-1500 claim using the Claims Search screen to find out whether the claim paid or denied.



POC Search

To search for active plans of care that you are associated to and can bill against using the Roster Claims screen, select “POC,” then “Search” from the top menu bar. Search by date of service.

POC search results

For each client’s plan of care, the POC search results automatically display the remaining units you can bill against. When you select a row from the search results, more information about a client’s plan of care will display in a Detail screen.

- If no units are listed in the “Balance Units” field, AMH must update the client’s POC before you can bill.
- If your client does not appear in the results, AMH must set up or update the client’s POC to include you as an associated provider before you can bill.

Refer to the AMH provider guidelines for your program to determine how update or set up a client’s plan of care.

Search Results										
Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
	ADULT FOSTER CARE PER MONTH	HK				10/01/2008	12/01/2008	3	\$1,000.00	Active
	ADULT FOSTER CARE PER MONTH	HK				10/01/2008	12/31/2008	3	\$1,000.00	Active

Detail											
Service Auth Number	0902800001					Service Code Type	SPC		Units	1	
Referring Provider ID	#####					Service Code	S5141		Unit Qualifier	SERVICE	
Referring Provider Name	PROVIDER NAME					Service Description	ADULT FOSTER CAR		Frequency	MONTHLY	
Rendering Provider ID	#####					Modifier 1	HK		Dollars	\$1,000.00	
Rendering Provider Name	PROVIDER NAME					Modifier 2			Payment Method	Pay Unit Fee Price	
Client ID	XX#####X					Modifier 3			Status	ACTIVE	
Client Name	JANE DOE					Modifier 4			Notice Date		
Benefit Plan	State Medicaid Mental Health Services					Effective Date	10/01/2008		Appeal Indicator	N	
						End Date	12/31/2008		Used Units	0	
						Client Liability	\$0.0		Used Dollars	\$0.00	
									Balance Units	3	
									Balance Dollars	\$1,000.00	