

SAMS FREQUENTLY ASKED QUESTIONS

We have compiled a list of questions from our providers. In some cases, multiple questions were asked and can all be referred to the same answer. The questions are all listed below along with their answers.

Demographics and Preliminary Data

I entered all the information but had to leave SAMS for a bit. When I came back, the person I entered was gone. What happened?

If the information which was entered was not saved, you will not be able to retrieve it. Please make sure that all information entered is saved.

I was searching in SAMS for a client but I don't have all of the demographics yet. I am just trying to load them now so that we can come back to it and fill in the blanks later. But I can't seem to find them in SAMS. Is there any way to look for them without entering all of that data?

SAMS offers a search function under "Client Search". With this function, you can enter the first three letters of the first and the first three letters of the last name of the client and begin your search. If you are not sure how a name is spelled, this is a great tool to use. SAMS will bring up all options using the letters that you enter. Please also remember when searching for clients that we are all human and make mistakes. Please keep in mind that what you are viewing may possibly contain keying errors in any or all of the search results. Some of those errors may include mis-keying the social security number or date of birth as well. There may also be variations of the spelling of someone's name in the system due to keying errors. There may also be several different names for the same person. An example would be "Bob" or "Robert" or "Bobby". Still another example would be "Richard" or "Dick" or "Ricky" or "Rich" or "Richey". We never want to create a duplicate person in SAMS as it is very difficult to remove the duplicate. If you question whether someone is in SAMS or not and need help, just call our office. It is always better to ask than not to ask.

I have been searching for someone in SAMS and so far can't find them. I am still looking for them but I have found that it is so time consuming to enter everything on the search screen then have to go back in and enter everything again and again. Is there a faster way to do this?

When searching for a client and you have limited information you can select an individual and click on "Search". But if the person you are looking for does not come up, you can always go back to the search screen and click on the button that reads " Repeat Last Query" to fill the mandatory blocks of Last Name

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and First Name. This is a great autofill function to use when you are just not sure about the name of the person and want to look at the list of people who pop up one at a time.

I changed something and it's not showing up as changed on other screens. Help! Why is that?

Whenever demographic changes/corrections are made for a client, it is important to click on the "Update Demographics" bar and then also save the changes/corrections by clicking on the save button.

New Provider and Provider Staffing Changes

I have a new data entry person and am not sure how to get her going in SAMS. What do I do?

Contact Joy and she will ask you to complete an "OM-300B" State of Montana Non-Employee Access Request Form for the new employee. Once access is granted, Joy will load the new employee in SAMS.

What do I need to do to add a new LAC to SAMS and do I need to do anything if we have an employee leave our program?

It is pretty easy to add your new "Provider" employee to SAMS so that they are able to work under your provider number. Just go to the front or "SPLASH" screen in SAMS which pops up when you first log on. Click on "Maintenance" and then click on the drop down tabs of "Provider" then "Provider Staff/Facility Assignments". Load your new employee and you are all set. Of course, you absolutely want to wait until the new employee's access has been granted though before performing these steps.

ASI

How do we get paid for assessments / ASI's if the client does not immediately enter treatment?

If we are not getting paid for an assessment until a person enters treatment, how do we secure payment for the assessment that does not follow through with treatment from wait list?

Will completed evaluations be paid if the financially eligible client does not require treatment or does not proceed into treatment? If the evaluations are going to be paid, how do we enter them into the SAMS system so that the SAMS system will have the service and know to pay it?

For completed evaluations where the client does proceed into treatment services, is an ASI required for us to be reimbursed?

For clients that are not being admitted, you will bill for the Assessment on your Ancillary Invoice. The code is H0001N and is created when you input, save and finalize a MT ASI or Teen ASI from the Client Information Screen. You have up to 1-year from the date of service to bill these Assessments.

The MT ASI (H0001N-Assessment) in SAMS is handled just like the Screenings. Providers will be required to gather the Client Information Screen data for the client, input it, and save it. Then they will input the MT ASI or Teen ASI that is accessed from the bottom of the Screenings list. Once the ASI is saved and

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finalized, SAMS creates up a H0001N service code that will be invoiced as an Assessment on an Ancillary Invoice.

This ASI/Assessment will be recorded in SAMS and subject to the 12 month restriction. If the individual is admitted to service anytime during the 12 months, an update will need to be completed.

We have missed some ASIs for clients we have provided services to this quarter. Can we still enter them and get paid? When we go to do the ASI how do we un-bypass so that we can finalize it?

Yes you can still enter them and get paid as long as the client is eligible. You may have to call the SAMS support staff to get the ASIs un-finalized in order to input the data. You have up to 1-year from date of service to bill for the ASI (H0001-Assessment).

If we provide services to a client who had an evaluation at another agency do we still have to do the ASI?

No, you will need to request a release of information from the program that did the evaluation. The service H0001 is limited to one per year per client - statewide. That means if the other provider billed the Assessment within one year, you will not be able to invoice for another Assessment until a year has passed. SAMS requires that you address the ASI in order to continue on with the rest of the Admission. In this case, you would use the "Other Program Referral" value for the G12 Special data on the Adult ASI or "Referred from other CD Program" value in the Special data field on the Teen-ASI.

If we start an evaluation in one quarter and are waiting for complete information until the next quarter, do we enter it in the next quarter to get paid for the service?

Yes you would input it, save it, and finalize it when you have a complete set of ASI data. Both the Adult and Teen ASIs have required fields. Providers are not allowed to finalize the ASI if there is data missing. Providers should use the date when the ASI is completed.

Any chance to get a shorter ASI for kids?

The Chemical Dependency Bureau (CDB) is working with a contractor to address this issue. We are looking for meaningful data from the Teen ASI to help measure outcomes for our adolescent clients. If we can make it any shorter and easier to gather and input, we will.

If the client does not have a completed ASI in SAMS, will we be able to bill for other services that have been provided?

Is an ASI required in SAMS in order to invoice for the other treatment services? Is there a bypass for the ASI?

If they do not have to complete the ASI in SAMS, what steps do providers need to take to complete the invoice?

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We were told that we had to have an ASI on all our clients who are providing services to be able to bill. Is this correct?

Yes, a program will be able to bill for all services provided in a quarter whether or not a completed ASI is included in the client's SAMS file. The ASI/Assessment is not a "switch" turning on other services. It is a service. In order to get paid for the ASI/Assessment, the client must be eligible and the ASI must be input, saved and finalized in SAMS. That is what creates the H0001 (Assessment) service code that will be invoiced on the Outpatient Invoice.

The bypass is still available on the ASI and providers can certainly use it. However, bypassed ASIs will not be invoiceable because no H0001 (Assessment) code will be created. Bypassing the ASI does not impact the rest of the Invoicing process.

Subject: Client Admission Information

We have been told the original demographic information cannot be changed after admission, but it sometimes needs to be changed if reimbursement source changes. Does this create a problem?

There are three sections that are affected by changing data in SAMS, so there is no easy answer.

1. *Demographic Information. This is found on the Client Information screen and all of the tabs of the Admission record for the client. This data is all sent to the Feds every month and should reflect what the client looked like when they entered treatment. The values are used to measure outcomes. However, it is valid to change these data if the client was not honest or if a data entry error was made.*
2. *Reimbursement Source. The Primary Source of Payment is included in the data described above. If the client has a change in their income or insurance, the Eligibility and Insurance sections should be used to record those changes.*
3. *Drug History. One of the questions is part of our reporting requirements from the Feds concerns the incidence and prevalence of IV drug use. Clients may not be forthcoming about their drug history during their initial assessment. Important information may come out only after the client has been in treatment for a while. This information should be updated.*

Subject: Data Errors & System Errors

We cannot correct a mistake. If a client was admitted into a recovery home on a Saturday in SAMS but should have actually been Friday, you have to call Joy to get it corrected.

Joy, or Curt all have the ability to update this information for you. This is a requirement in SAMS to ensure the integrity of the data.

Joy Langstaff – 444-9635

Curt Weiler – 444-7926

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I am having trouble figuring out if adolescents over 18 through 21 are actually being billed as an adolescent or if the system sees them as an adult.

*Invoices bill for individuals to the adolescent contract when a person is **20 years of age and under**.*

Subject: Invoices and Billing

Once an Invoice has been generated, providers are not able to find them in SAMS Invoicing.

Usually this is because the dates change from the Date of Service to the Date of the Invoice. For example, the Invoice was generated on 10/04/2014 for dates of service from 07/01/2014 to 09/30/2014. The generated invoice will be found by going to Invoicing→Provider→Print a Generated Invoice and inputting the date 10/04/2014 for the start date and pressing TAB. This is also true when the provider goes to Invoicing→Provider→Step 4 – Send to State.

Can we bill to the Block Grant for a client if that client is on Medicaid?

The Block Grant is actually the payer of last resort. The funds are available when there is no other payer available and the charge is something which would normally be covered by the Block Grant, the provider is eligible to bill charges to the Block Grant and the services are appropriately billed.

I don't understand invoicing. I am not sure what the terms mean either. What does non invoiceable mean? Please explain invoicing to me.

Invoicing in the Substance Abuse Management System (SAMS) refers to a process in which the provider creates an invoice against a predefined contracted service provided for eligible clients who are substance dependent (if adults) or either substance abusers or substance dependent if 20 years old or younger. Invoices are submitted either monthly or quarterly depending on the invoice type. Currently these invoices are done outside of SAMS via Excel spreadsheets.

In SAMS only services and other processes entered into the SAMS system will be invoiced. There are of six separate types of Invoices. They are Original, Supplemental and Correction. Original invoices are for services belonging to a client who does not have insurance or for services that insurance does not pay for. Supplemental Invoices are for clients who have insurance and for services which insurance covers. The invoiced amount is for the remaining amount after insurance and payments from other sources are applied. SAMS and State Payment is always the payment of last resort. Correction invoices are not included in the current stage of the SAMS project.

Invoice Types included in this part of the SAMS project include:

- Ancillary Services (Invoiced Quarterly)
- Community Based Residential (Invoiced Monthly)

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- Co-Occurring Services (Invoiced Quarterly)
- Day Treatment (Invoiced Monthly)
- Inpatient Residential (Invoiced Monthly)
- Outpatient Treatment (Invoiced Quarterly)

Once the provider has generated an invoice, he or she will be able to see what charges were not included in an invoice and why by reviewing the invoicing log. The logging will identify charges not invoiced for the following reasons and others:

- Client does not meet the financial eligibility or does not have a current eligibility statement on record in SAMS during the 30 days prior to the service date.
- Client is an Adult, but not substance dependent.
- Client is either an adult or adolescent and not substance dependent or abuse. This will be checked by reviewing the Y/N columns in the diagnosis module.
- Units entered on the charge exceed the maximum invoiceable for the service. This could lead to the units invoiced to be reduced to a lesser amount or reduced to zero.
- Charge record did not have a single contract assigned. This occurs because either a contract was not assigned to the service code or more than one contract was assigned to this service code for this provider (multi-contract condition).
- Charge is for a Co-Occurring service on a Co-Occurring Invoice, but the diagnosis for the current client does not indicate that the client has a co-occurring condition.
- Charge record was paid in full by insurance funds and funds paid by other sources. In other words sum of the insurance paid and payments from other sources were greater than or equal to the charge amount so there was no remaining balance to be paid.

Charge amount: \$202.12

minus (**Insurance paid:** \$160.00 *plus* **Client Payment:** \$40.12)

equals \$0.00 (**Amount Left to be invoiced**)

Once the provider fiscal person has reviewed the generated invoice, he or she may do one of the following.

1. Delete the generated invoice as more work is needed on services/charges that were not able to be invoiced. This will set all charges reviewed as part of this run back to the Non Validated State (sams_charges.chrg_status = NVAL). All source records that had previously been filled with the invoice ID from the current run would have that Invoice ID nullified. All Charge Records that had the current Invoice ID assigned would be nullified. All Invoice Detail records for the invoice would be deleted. The Invoice Header record would be deleted. The only item remaining would be the log records created during the validation and invoicing process so that the provider and staff could address and correct issues identified during the invoice process. **OR**
2. If the Invoice was acceptable to the provider, the invoice would be printed in the protected (not editable) PDF format. The invoice would then be sent to AMDD through SAMS.

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What does INSPND mean? I am having trouble with the invoicing terms.

CHARGE RECORD – This is a record which represents a service, treatment, screening or assessment in SAMS for the purpose of being used on an invoice.

CHARGE STATUS - This is a code that describes the current status of a charge record. Charge Statuses (In order that they are processed in SAMS Invoicing):

UNVAL –This is the initial status of a charge record. For an invalidated record, awaiting validation via pre-invoicing process.

INVC -This is a charge that is ready to be Invoiced. This is that status given to a charge record that has passed invoice validation and would only be used on records designated as for an Original Invoice.

INSPND - Ready for application of insurance funds and further processing. Charge records designated for a Supplemental Invoice would be assigned this status as a precursor to having Insurance Funds applied to it and then invoiced.

NONINVC - Cannot be Invoiced due to one or more conflicts with large quantity of established business rules. NON-INVOICEABLE, not able to be invoiced. Charge records that have failed invoice validation are given this status. The source records must be adjusted and/or more information must be entered to enable further processing. Further processing can only occur:

1. After the described corrective actions have been completed.
2. After a non-invoiceable charge record has been reset to the non-validated/initial Status (UNVAL).
3. After the record has passed the Invoice Validation process.
4. After the record has been given a status of INVC for an charge record for an Original Invoice or INSPND if the charge record is for a SUPPLEMENTAL Invoice.

INSPRC - Insurance Processed. This service can be invoiced on a supplemental bill. The prior status would be INSPND and there will be a positive or zero dollar amount in the “Total of All Insurance Paid” item in the SAMS3030F – Manage Funds Paid (Insurance and Other) module. The Insurance Paid amount must be entered, the “Process Funds” button pressed and the “All Insurance Entered, Ready to be invoiced” button must be pressed. Only after these steps can the status of INSPRC be assigned to a charge record.

INVCD - Previously Invoiced - Charge records with this status will have already been through the Invoicing process. No further changes can occur to the charge record or source treatment, assessment or screening record. These source records will be locked from changes being allowed by the SAMS application.

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INVOICE TYPE CODE – Two character abbreviation for each invoice type. Every service code is assigned a single Invoice Type, which designates in which invoice a service code may be invoiced. Invoice type code values are:

AS - Ancillary Services

CB - Community Based Residential

CO - Co-Occuring Services

DT - Day Treatment

IR - Inpatient Residential

OT - Outpatient Treatment

SC - Shelter Care (Not an invoice that is part of the SAMS Invoicing Process.)

NO - No Invoice Assigned

INVOICE STATUS - A code that describes the current status of an Invoice. The possible Invoice Statuses are (Displayed in order of Use in SAMS Invoicing):

GENERATED - Invoice has been generated by the PROVIDER and has not been sent to AMDD for Audit and other processing. This is the initial status of an invoice. Possible next statuses are PRE-AUDIT and DELETED.

PRE-AUDIT - Invoice has been sent to AMDD for Audit and Other Processing, but the AUDIT has not been completed. Possible next statuses are AUDIT-APPR and AUDIT-REJ.

AUDIT-REJ - Invoice Audit Process Completed - Invoice has been Rejected by AMDD Audit Process and is returned to the Provider for probable deletion and regeneration. Only invoices returned to the provider will have this status. The provider staff that sent the invoice to AMDD will be emailed a message that describes that the invoice has been rejected and why. The user will also be advised that the next course of action should be to delete the invoice and take corrective measures to avoid rejection when the invoice is generated again. Possible next status is DELETED.

AUDIT-APPR - Invoice Audit Process Completed and Invoice has been Approved. Processing of the invoice continues. Invoice has been transferred to FISCAL for approval and possible payment (FINALIZED). Possible next statuses are FINALIZED, RTEC-FINAL or FISCAL-REJ.

FISCAL-REJ - Fiscal Processing of Invoice has been rejected. More information will be in the FISCAL comments area. The invoice will be returned to the Audit group and then in turn returned to the Provider for eventual deletion. Next Status in the process would be AUDIT-REJ.

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FINALIZED - INVOICE has completed processing. Invoice has been entered into the CONTRACT SUBSYSTEM (CSS) which is a part of AWACS. No further action on this invoice can take place in SAMS. Only invoices containing non-RTEC services can be processed in this manner.

RTEC-FINAL - Invoice has completed processing. Invoice has been finalized and no further action can occur on this invoice. This is the only Invoice Status that is FINALIZED and NOT entered into CSS. Only invoices consisting entirely of RTEC services (RTEC1, RTEC2) can be processed in this manner.

DELETED - INVOICE has been deleted. The invoice header record will remain after deletion but the invoice details, invoice log records and requests will have been removed. This is the only possible next status for an invoice that has a status of AUDIT-REJ. Invoices with a status of GENERATED may also be deleted.

I am totally confused about Medicaid and the Block Grant. Isn't all state billing the same? When I invoice, don't you sort it out for me?

What if I have remittance questions? Who can answer those Medicaid questions?

My remit says a service was denied but I know it should be paid. The remit is wrong. Who do I call?

Medicaid and the Block Grant are two different payments sources. All state billing is not the same. If a client is eligible for Block Grant coverage, it is because the Block Grant is the payer of last resort. This means that the client was not eligible for Medicaid for known or unknown reasons, has no other insurance and is otherwise eligible for the Block Grant coverage.

AMDD and the Chemical Dependency Bureau do not process Medicaid claims or invoices and Medicaid will not process Block Grant payable services. Medicaid services are billed to Medicaid through their 3rd party administrator "Xerox". Providers can submit paper or electronic claims for services they wish to bill to Medicaid through Xerox for payment. Providers who have Medicaid billing questions can contact Xerox at 1-800-624-3958 for more information, questions, concerns or comments regarding Medicaid billing procedures. The Xerox call center is available Monday through Friday from 8am to 5pm. This is a great provider resource.

How do I know if someone has Medicaid? Where do I go to look?

Providers will want to use the Medicaid portal. If they have questions, they can also call the provider line at Xerox at 1-800-624-3958. We here at the CD Bureau may not have the most recent information regarding Medicaid covered or non-covered clients.

How do we send in requests for prior authorization of client services being billed to Medicaid?

Please submit all requests for prior authorization of billing for Code H0010 (Inpatient Residential daily Rate) only to Joy through the EPASS Portal. This service requires prior authorization through our bureau. Joy will approve prior authorizations for this code only.

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If I am stuck or have questions, who do I call?

Your Program Officer is always available for questions. You can also ask Joy questions regarding SAMS, data, troubleshooting and system issues.

Subject: Contracts

I can't look in SAMS and see the money under our contract that is expended or left. What can I do?

SAMS cannot tell you what has been paid by AWACS because it is not an accounting system and does not reflect any hand billing that might have been done. If you need accurate money amounts expended from your contracts, please contact Susan Haran at 444-4423. A list of all electronic invoices submitted through SAMS and all invoices which must be submitted on paper are in your CDPM Administration Section2, pages 2 & 3).

When entering services, the code for CD services start with H, co-occurring start with 908, and transitional living starts with RH. Why isn't SAMS able to differentiate between 3 codes and assign the contract to the necessary charges?

Providers must choose which contract they would like to use for payment – the issue of co-occurring for instance can be billed to the co-occurring contract and to the outpatient contract – therefore, there is not an automatic attachment of codes to contracts.

Subject: Reports

How do I get reports for services in SAMS? What if the particular report I need is not available in SAMS?

If a provider is looking for reports in SAMS, they will want to go to the “Reports” tab. If a provider has the need for a special or specific report that is not available in SAMS, please notify Joy, Curt or Isaac and they will be happy to get you what you need.

Subject: Services

Is it accurate that reimbursable group hours are capped at 4 hours per day? And individual counseling hours at 1.5 hours per day? If this is true that could be problematic at times for us particularly with group hours because some clients live quite a distance away, and many do not have transportation. So they are greatly limited as to how many times they can get into the Clinic for services. Consequently occasionally two group modalities are provided in a single day which can total 4.5 to 5 hours.

We recognize that issues of travel and client availability may warrant long treatment days. While we believe these long days should not be the program norm, there are circumstances where effective and efficient treatment may warrant intensive treatment therefore, we have changed the maximums to 6 hours a day for group and 3 hours a day for individual.