

SAMMS

1 — Last update: 2016/02/05

SAMMS

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SAMMS



samms

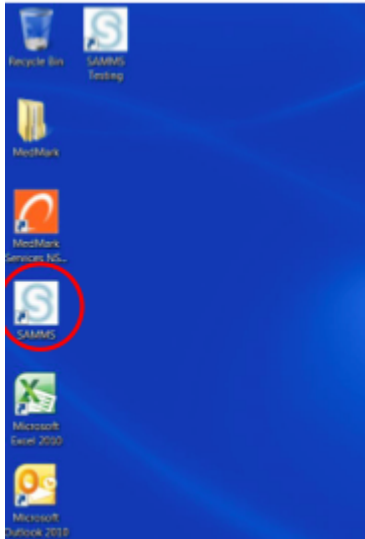
SUBSTANCE ABUSE METHADONE MAINTENANCE SYSTEM

Online User Guide

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Login to SAMMS

To login to SAMMS, double click on the **SAMMS icon** on your desktop.



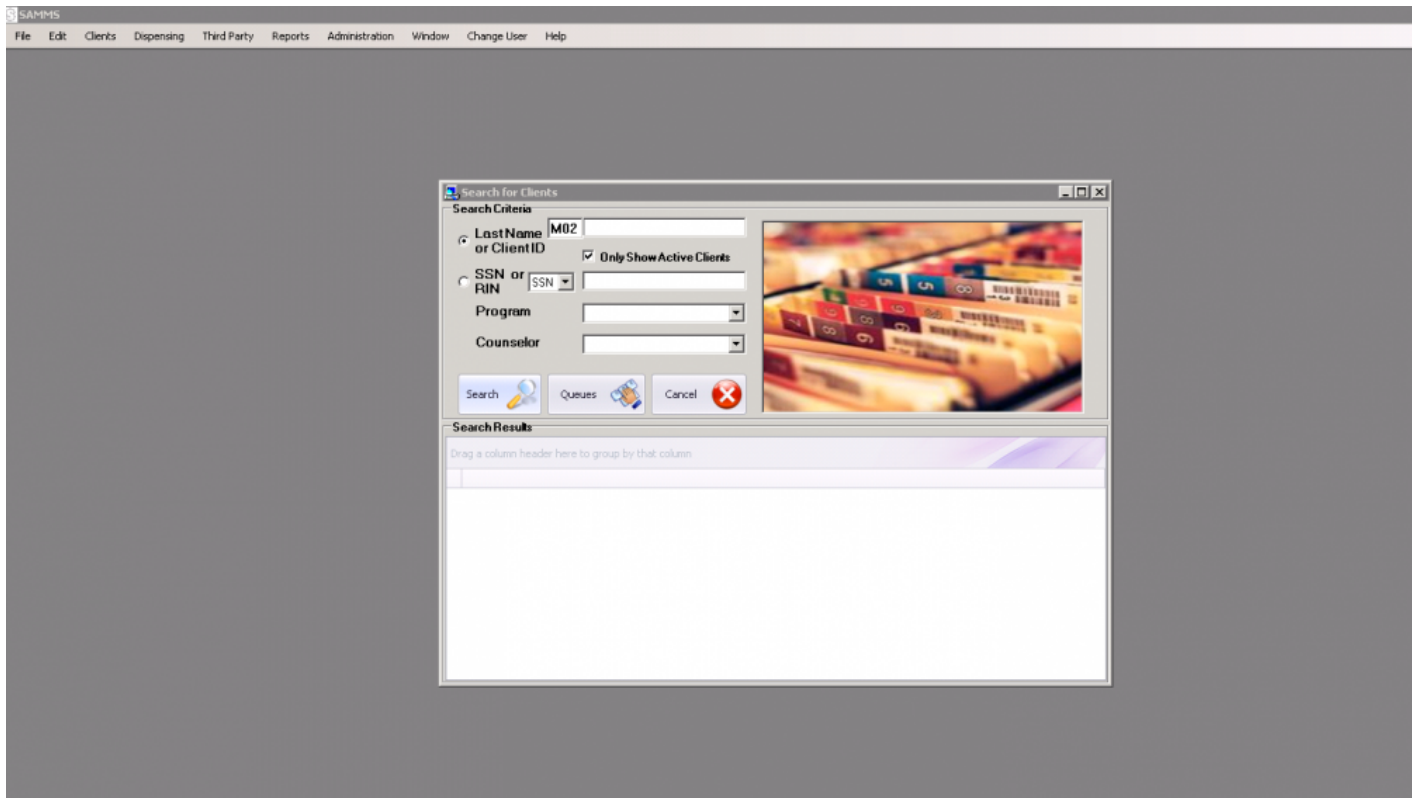
- Enter your **User Name**.
- Enter your **Password**.
- Select your location from the **Site** drop down menu.
- Click **Login**.



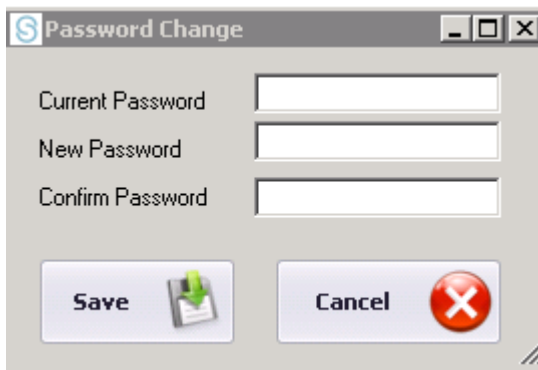
The **SAMMS Main Menu** displays.

Password Change in SAMMS

From the Main Menu, Click on “Help”



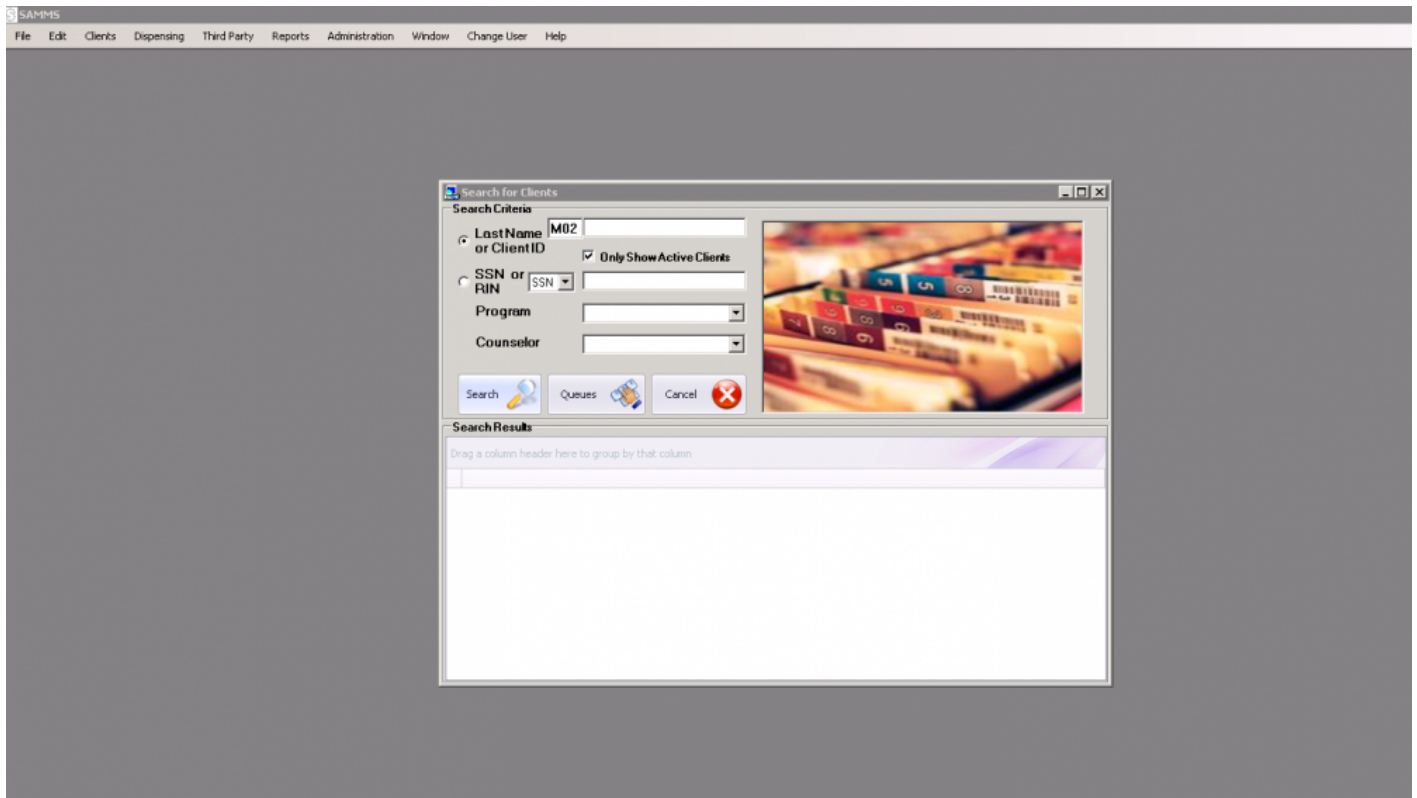
Select “Change Password” from the drop down box



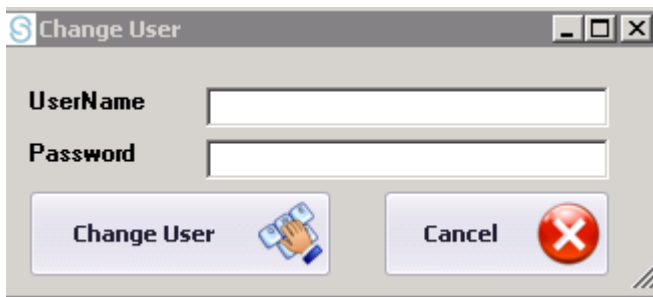
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Change User in SAMMS

From the Main Menu, Click on “Change User”



The Following Drop Down Box will appear:



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Front Desk Operations



Enrolling a New Client

When scheduling a client for an appointment, either by telephone or in person, first check to see if he or she has already been enrolled in SAMMS. Even if the client claims to be new, make sure you still run a check in SAMMS.

In the **Clients** tab, choose **Client Search**. Enter the client's last name in the **Last Name or Client ID** box, and make sure to uncheck **Only Show Active Clients** and click on **Search**.



Remember to uncheck the **Only Show Active Clients** box!

Search for Clients

Search Criteria

☒ **Last Name or Client ID**

☐ **SSN or RIN** **SSN**

Program

Counselor

☒ **Only Show Active Clients**

Search **Queues** **Cancel**

Search Results

Drag a column header here to group by that column

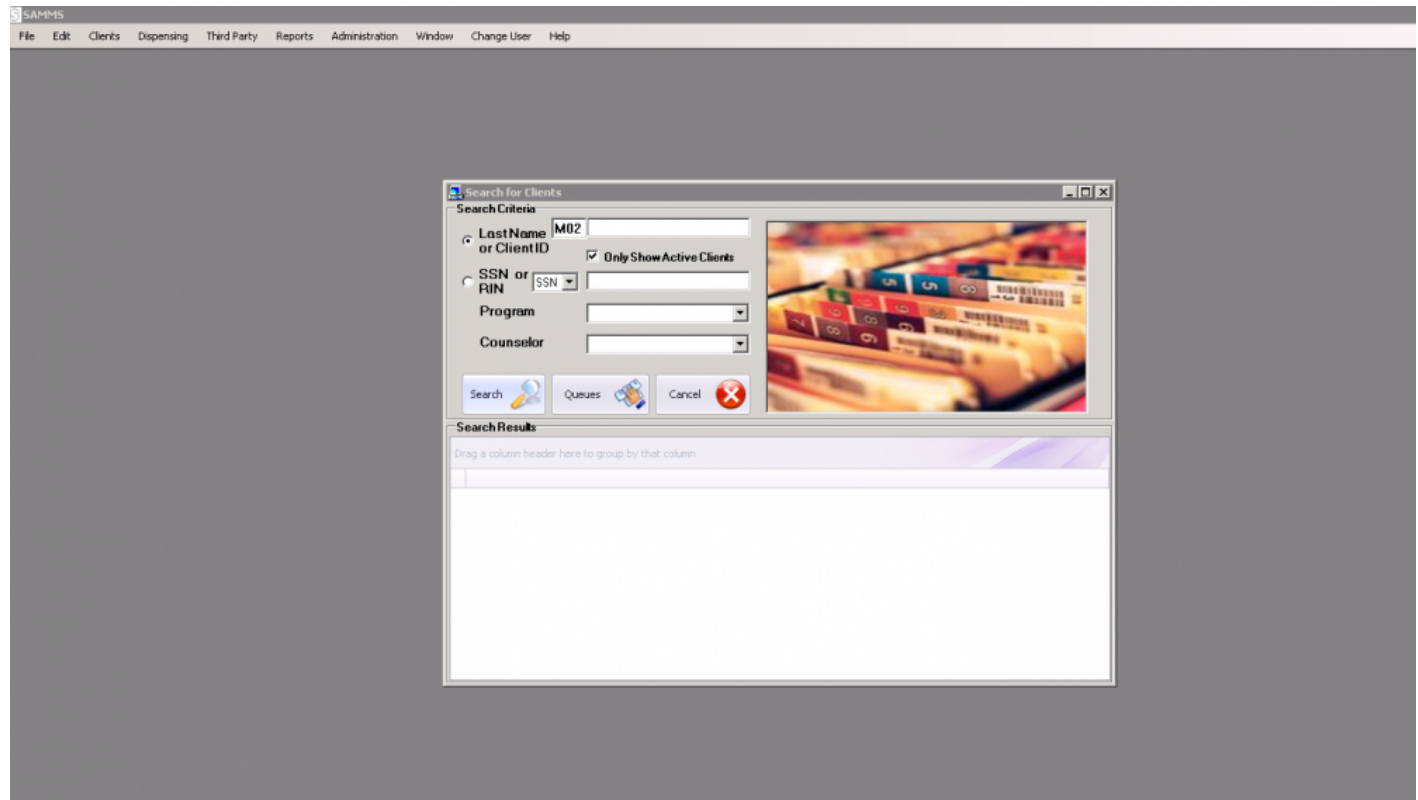
If SAMMS recognizes the client as having received treatment at the clinic in the past, skip this step and proceed to [Readmitting a Client](#) . Be sure to verify that the information in the old record is current.

If the search returns no records, proceed to [Patient Registration in SAMMS >>](#) section of this document.

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Patient Registration in SAMMS

A NAME SEARCH MUST BE COMPLETED IN SAMMS BEFORE REGISTERING A PATIENT:
FAILURE TO DO SO WILL RESULT IN A DUPLICATE MEDICAL RECORD



When registering a patient in SAMMS, Click on the Intake tab from your main screen and select Intake
ALL fields in RED must be completed. You should attempt to fill in as many fields as possible.



It important to accurately register a patient with as much information as possible
70% of a patient's claim form is generated during the registration process.
Mistakes and omissions could lead to errors in treatment or procedures and may
have serious repercussions, both for the patient and for the organization.



Income and Fam Size are mandatory if the patient is on a grant program.

- The **Client ID** will be automatically assigned in numerical order by the system for each intake.
- **RIN** refers to a central registry can vary by state and jurisdiction. Contact operations for additional information.
- When entering the **Gender**, inquire if the client is **Pregnant**. If the patient is pregnant, check the pregnancy box and assign the appropriate AR Code(The system will automatically correct you if you enter a male client as pregnant.)

For information about client gender see: [Emergency Contact Information >>](#)

- Enter the Date of Birth in **DOB**. The system will automatically move you between the Month/Day/Year portions of the date; there is no need to enter the slashes.
- When entering the **City** a drop down menu will list cities that have been entered in the past. Enter the first few letters of the city and chose one. If it is not in the system, you may type the **City** manually.

- The Social Security Number or **SSN** must be unique. The only exceptions would be an undocumented client or clients unwilling to give this information out on the telephone. In those cases, enter 000-00-0000 in **SSN** field.
- Attempt to obtain a home and work telephone numbers in the **Hm/Wrk** field. A working telephone is essential for our interaction with the client.



The buttons **Diagnosis**, **Medications**, and **At Risk** and all of the tabs at the top of the record are not available until client information has been saved and the client is in the SAMMS system.

Once you are finished, click **Save** and you are presented with the **Referral Source** box. This lets us know how the patient learned about our services.

- You are required to select one option from the **Referral Source** drop down menu.
- Once you select a Referral Source, you need to select a **Sub Reason** from the second box.
- When finished, clicking on **Save** will save the client record and admit them into the Inquiry program.



Although not required, you may also add “Notes”, the address of a billboard, for example, or the name of the publication where the client saw an advertisement.



A pop up message will display telling you that **No SAMMS rules for billing have been configured**. Bypass this message by clicking **OK** . Billing should NOT be set up for patients listed in “Inquiry”

Emergency Contact Information

The screenshot displays the 'Client Info' tab in the SAMMS application. The top navigation bar includes tabs for Client Info, Payment, Forms, Evals, RxOrders, Dosing Log, Holds/Appt, Testing, Services, Billing, Third Party, and Compliance. The 'Client Info' tab is active, showing a form with the following sections:

- Client Information:** Fields for First Name, Middle, Last Name, Client ID (M022372), Enroll Dt (2/3/2016), SSN, RIN, Gender, Pregnant checkbox, DOB, Hm/Wrk, Address, Race, Ethnicity, City, State, Zip, Education, Marital, Counselor, Employer, Income, Fam Size, Ht/Wt, Eye/Hair, Language, Employment, Opt in Central Registry checkbox, Continuous Tx Dt (2/3/2016), A/R Code, Email, and buttons for Diagnosis, Medications, and At Risk.
- Emergency Contact:** Fields for Name, Relationship, and PH.
- Program and Status Changes:** Fields for Program (Inquiry) and Status (Available), with a 'Change Program/ Status' button.

At the bottom of the form are buttons for Save, Custom Fields, File Label, History, and Cancel. On the right side, there is a sidebar with the following information:

- Client Name:** Program
- Last Checkin:**
- Last Indv:**
- Last Trt Plan:**
- Last Lab:**
- Last Dose:**
- Days Missed:**
- Last UA:**
- Code:**
- Visit Days:**
- Last Pmt Dt:**
- Last Pmt Amt:**
- Balance:**

A large red 'HOLD' stamp is overlaid on the sidebar, along with the SAMMS logo.

Emergency Contact Information can be stored on the Client Information tab with demographic information gathered during the patient registration process

This screenshot shows a closer view of the 'Emergency Contact' and 'Program and Status Changes' sections of the SAMMS Client Information form. The 'Emergency Contact' section includes fields for Name, Relationship, and PH. The 'Program and Status Changes' section shows the Program set to 'Methadone - Private Pay' and Status set to 'Available', with a 'Change Program/ Status' button. The 'Continuous Tx Dt' is set to 01-09-2014. The 'Opt in Central Registry' checkbox is unchecked. The 'Diagnosis', 'Medications', and 'At Risk' buttons are visible.

Additional Contacts can also be listed under the Custom Fields Tab

- From the "Client Info" tab, click the "Custom Fields" button located at the bottom of the Client Info. screen

Drag a column header here to group by that column

Custom Field	Value
Emergency Contact Name	
Emergency Contact Phone	
Emergency Contact Relationship	
Emergency Contact ROI Signed	

Save and Close

Status	Payer
Available	
Available	
Available	
Available	Texas Medicaid
Available	Amerigroup Community C...
Available	
Available	Texas Medicaid

Alerts • SAMMS Version 5.15116 Clinic: MedMark Fort Worth User: Jason Carmichael Inventory - 0 Station: MED-COR-0004L (on MED-TS-01) Label: Receipt:

- This will bring up the screen to enter the patient's emergency contact information.
- Enter the information in the "Value" column of the screen.
- Once completed click the "Save and Close" button at the bottom.

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Client Gender

Gender recorded in the patient file is the gender that is reflected on the client's state ID or driver's license. When a patient declares to be another gender, but has not undergone reassignment surgery, for medical purposes the client is considered to be the anatomical gender, not the preferential gender.

During clinic visits, staff will refer to the person by his or her name of choice.



. Accurately recording gender is important if there is a medical emergency.

Gender:	F	<input type="checkbox"/> Pregnant	DOB	02/18/1990	25Yr	HmWrk:		
---------	---	-----------------------------------	-----	------------	------	--------	--	--

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Admit the Client

[<< Client Gender](#)

Once the clinical admission process is complete, you may now admit the client into a SAMMS program. Proceed to the **Holds/Appt** tab of the clients record and select **Add Appointment**. Right click on the Intake appointment and choose **Admission**

The screenshot displays a calendar interface for the week of October 20-22. The header shows 'Intake, Intake' above the dates. A right-click context menu is open over an appointment on Wednesday, October 22. The menu options are: 'Open', 'Edit Series', 'Show Time As', 'Label As', and 'Delete'. The 'Label As' option is selected, and a sub-menu is visible with three choices: 'General' (represented by a white square), 'Checkin' (represented by a pink square), and 'Admission' (represented by a yellow square). The 'Admission' option is highlighted in blue. In the background, two appointment cards are visible, one labeled 'Intake Time' and another showing the ID 'M012227 - 23452344 2345'.

- You will be presented with the *Change Client Status – Enrollment** screen.

Change Client Status

Program:

Program Enroll Date:

October 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	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
2	3	4	5	6	7	8

Today: 10/21/2014

Change Program

Enroll Client

Cancel

Category:

Referral Source:

- Choose the program you wish to enroll the client into from the Program drop down menu.
- Select the **Program Enroll Date**, which is most often today.
- Choose the **Category**, or how the client heard about our services
- Choose the **Sub Reason**.



Although not required, you may also add “Notes”, the address of a billboard, for example, or the name of the publication where the client saw an advertisement.

- Click on **Enroll Client** and you will be taken back to the Calendar view screen.
- The color of the appointment block on the scheduling calendar will change to yellow to reflect that the client has been admitted for treatment.
- If the client is an Insurance client, proceed to the [Readmitting a Client >>](#) section of this document.



You may at time wish to admit a client manually through the client file, and not through the **Scheduling Calendar**.

On the **SAMMS** menu, click on **Clients**, and select **Client Search**, which brings up the **Search for Clients** screen. Enter the client's last name in the **Last Name or Client ID** box and click on **Search**. Double clicking on the client's name, will bring up the individual **Client Info** screen.



You cannot simply change a client's status, You must manually discharge the client from the **Inquiry** program and then enroll him or her as a admitted client.

To discharge the client from the **Inquiry** program, click on the **Change Program/Status** button which brings up the **Change Client Status** screen.

- Click on the date in the **Program Enroll Date** calendar.
- In the **Category** drop down menus, select **Internal Transfer**.
- In **Sub Discharge Reason** choose **Other**.
- Click on **Discharge Client** to discharge the client from the **Inquiry** program.



Remember to Choose **Discharge Client NOT Change Program**.

- You will be returned to the client's file and the **Status** box will show **Discharged**.
- To admit the Client, click on **Change Program/Status** again and the **Change Client Status** box will display. Select the appropriate program from the **Program** drop down menu. In the **Program Enroll Date** calendar, click on the date. In the **Category** drop down menu, click on **Internal Transfer**.
- Click on **Other** in the **Referral Source** box.
- Click on **Enroll Client**.

Readmitting a Client

If the client already has a record in SAMMS, you may not add them again. They must be readmitted under the existing record.

- Double Click on the client to load the client record onto the SAMMS screen.
- Verify that all information is up to date. If a change is required, enter the new information and then click **Save** at the bottom of the screen to update the client's record.

Client Info | Payment | Forms | Evals | RxOrders | Dosing Log | Holds/Appt | Testing | Services

First Name: 3333 Middle: Last Name: 333

Client ID: M012222 Enroll Dt: 08-21-2014 SSN: 345-45-6456 RIN:

Gender: F ☐ Pregnant DOB: 02/02/1999 15 Hm/Wrk: Race: Ethnicity: City: ALLEN State: AK Zip: 60304 Education: Marital: N

Counselor: SAMMS admin Employer: Income: Fam Size: Ht/Wt: Eye/Hair: Language: Employment: Insurance: Email: Continuous Tx Dt: 08-21-2014

☐ Opt into HCPA

Program and Status Changes

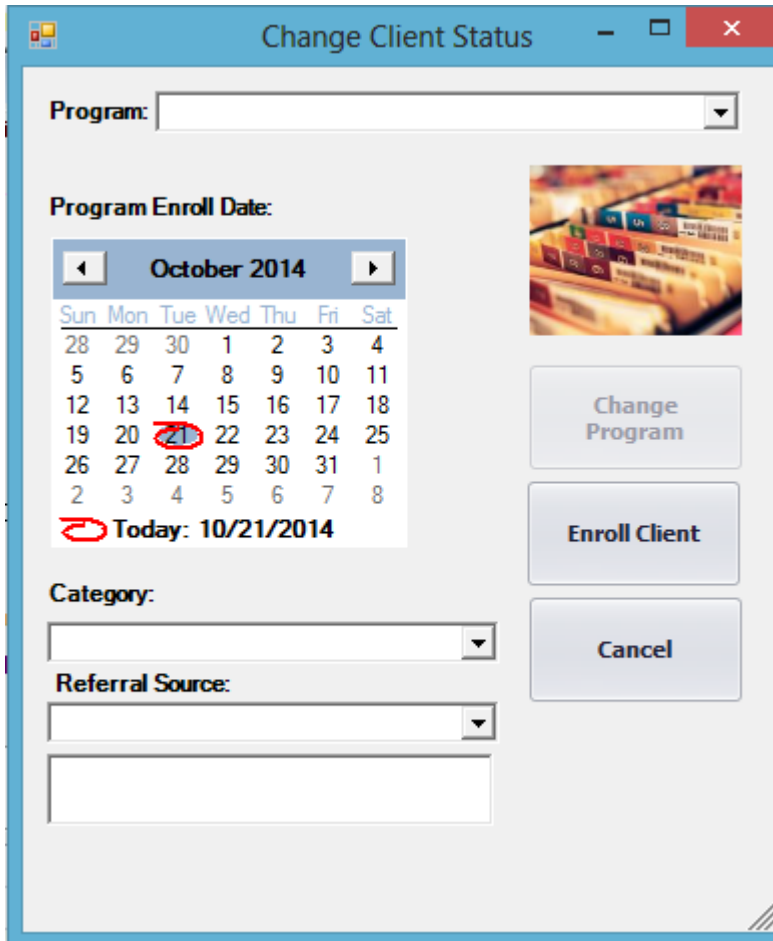
Program: Inquiry Status: Discharged

Program	Enrolled	Enroll Rea...	Enroll Sub...	Discharge...	Discharge...	Discharge...	Xfer
Inquiry	8/21/2014	Former Pa...		10/21/2014	Administr...	Other	<input type="checkbox"/>

3333 333 Inquiry

Last Checkin: None
 Last Indv: 1/1/1900
 Last Trt Plan: N/A
 Last Lab: 1/1/1900
 Last Dose: None
 Days Missed:
 Last UA: 10/20/2014
 Code:
 Visit Days:
 Last Pmt Dt: n/a
 Last Pmt Amt: n/a
 Balance: \$0.00

- Once you have verified the information, click on the **Change Program/Status** button to enroll the client.
- The **Change Client Status** box will display.



Change Client Status

Program:

Program Enroll Date:

October 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	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
2	3	4	5	6	7	8

Today: 10/21/2014

Category:

Referral Source:

Change Program

Enroll Client

Cancel

- Choose **Inquiry** from the Program drop down menu.
- Select the **Program Enroll Date**, which is most often today.
- Choose the **Category**, or how the client heard about our services
- Choose the **Referral Source** from the drop down menu.



Although not required, you may also add "Notes", the address of a billboard, for example, or the name of the publication where the client saw an advertisement.

Scheduling the Intake Appointment



Before intake appointments can be scheduled, it is necessary to reserve blocks of time in the **Appointment Calendar** for that purpose.

- To schedule a client's intake appointment, click on **Clients** in the Main Menu and choose **Client Search**. Find the client by **Last Name** or **Client ID**. In the client's record, click on **Holds/Appts**. Click on **Add Appointment** at the bottom of the screen.

M012221 11211 2314 -

Client Info | Payment | Forms | Evals | RxOrders | Dosing Log | Holds/Appt | Testing | Services

View as: Grid

Date/Time	Type	Status	Staff	Rem Date	Rem Staff	Nurse
Hold						

112112314 Inquiry

Last Checkin: None

Last Indv: 1/1/1900

Last Trt Plan: N/A

Last Lab: 1/1/1900

Last Dose: None

Days Missed:

Last UA: 10/20/2014

Code:

Visit Days:

Last Pmt Dt: n/a

Last Pmt Amt: n/a

Balance: \$0.00

View: ☐ All ☒ Active ☐ Removed ☐ Future

Add Hold Add Appointment Print Test Ticket Remove Hold

Change

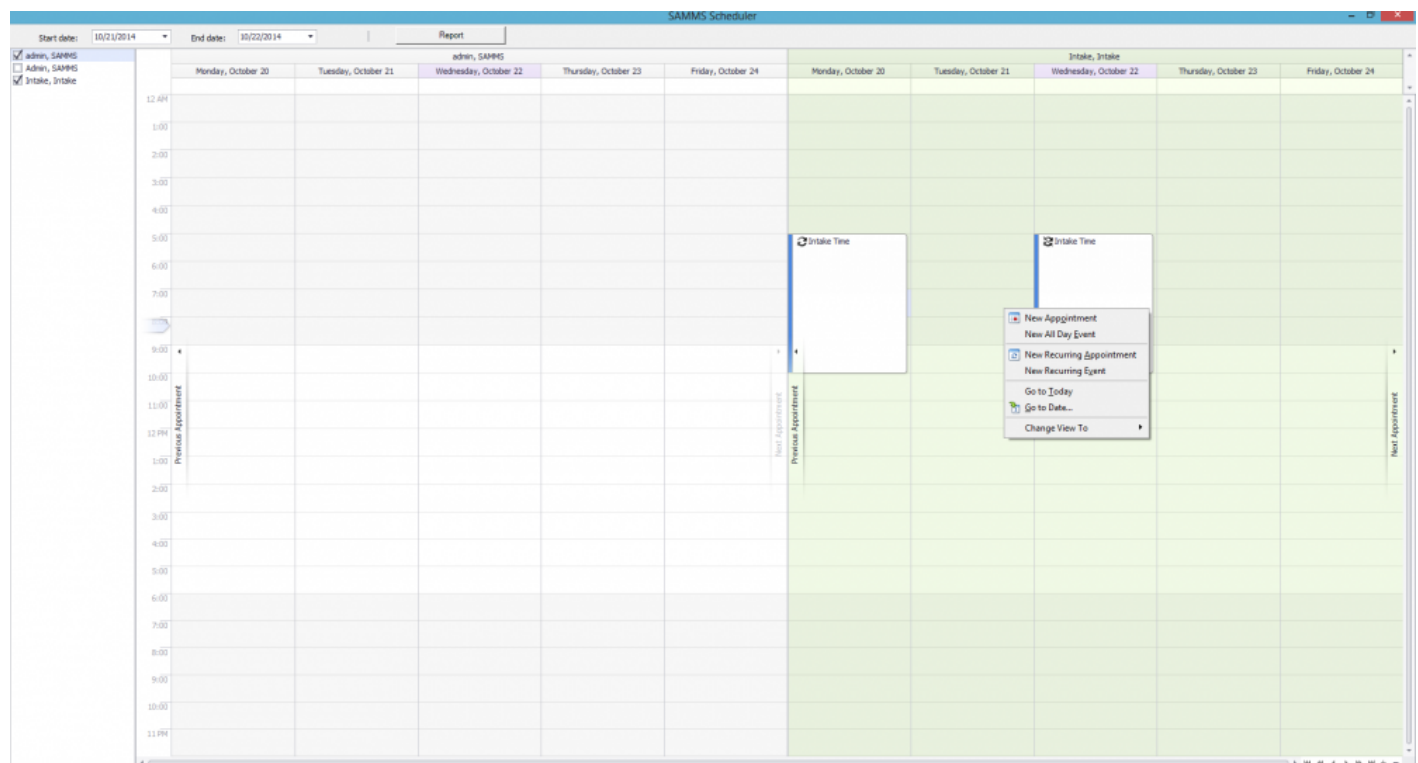
- * The **SAMMS Scheduler** will display. Blocks of time previously reserved for Intake will be clearly indicated on the scheduling calendar.



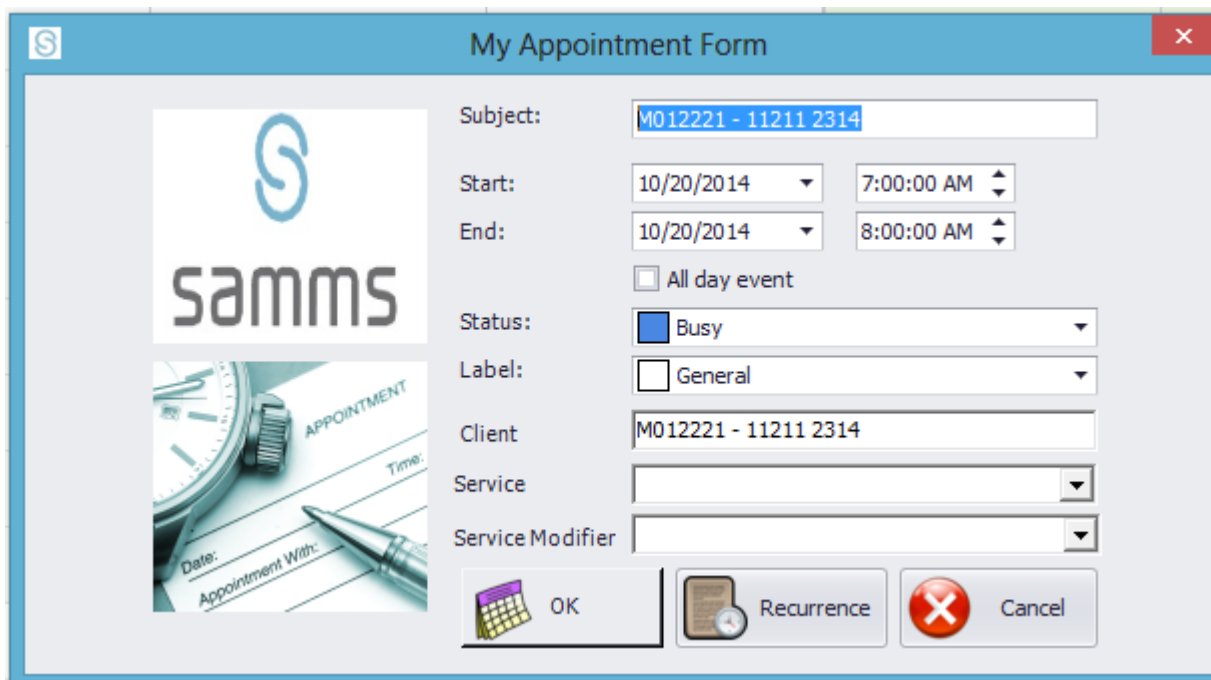
Views can be changed to show daily, weekly and monthly appointments by right clicking on the scheduling calendar and choosing **Change View To**



You may move weeks, days or months depending on your view by using the **Next Appointment Arrows** to the right or left of the calendar you are viewing.



- Locate the date and time that you wish to schedule the appointment.
- Double click in that date and time, and **My Appointment Form** will display.



My Appointment Form

Subject: M012221 - 11211 2314

Start: 10/20/2014 7:00:00 AM

End: 10/20/2014 8:00:00 AM

☐ All day event

Status: Busy

Label: General

Client: M012221 - 11211 2314

Service

Service Modifier

OK Recurrence Cancel

- Verify the date, time and client's name are accurate.
- From **Service** select **Intake** from the drop down menu.
- Click **OK**. You will then receive a confirmation that the appointment is scheduled.
- The appointment is now shown on the scheduling calendar immediately to the right of the blocked period of time.



The "Today" view on the scheduling calendar will be most useful when looking for details of individual appointments. Access it by right clicking on the appropriate date.

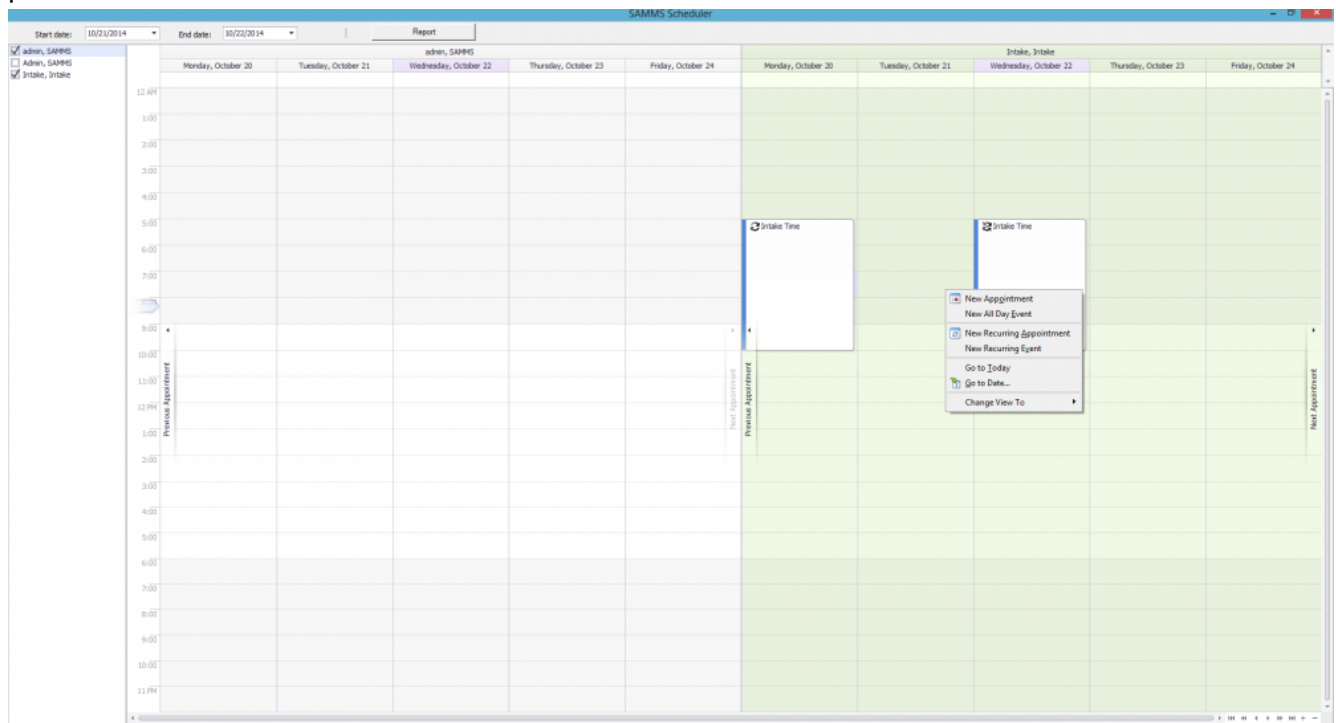
Exit this screen by clicking on the "X" in the upper right hand corner of window.

On the day of the scheduled intake, please proceed to the [Appointment Calendar Status Changes >>](#) section

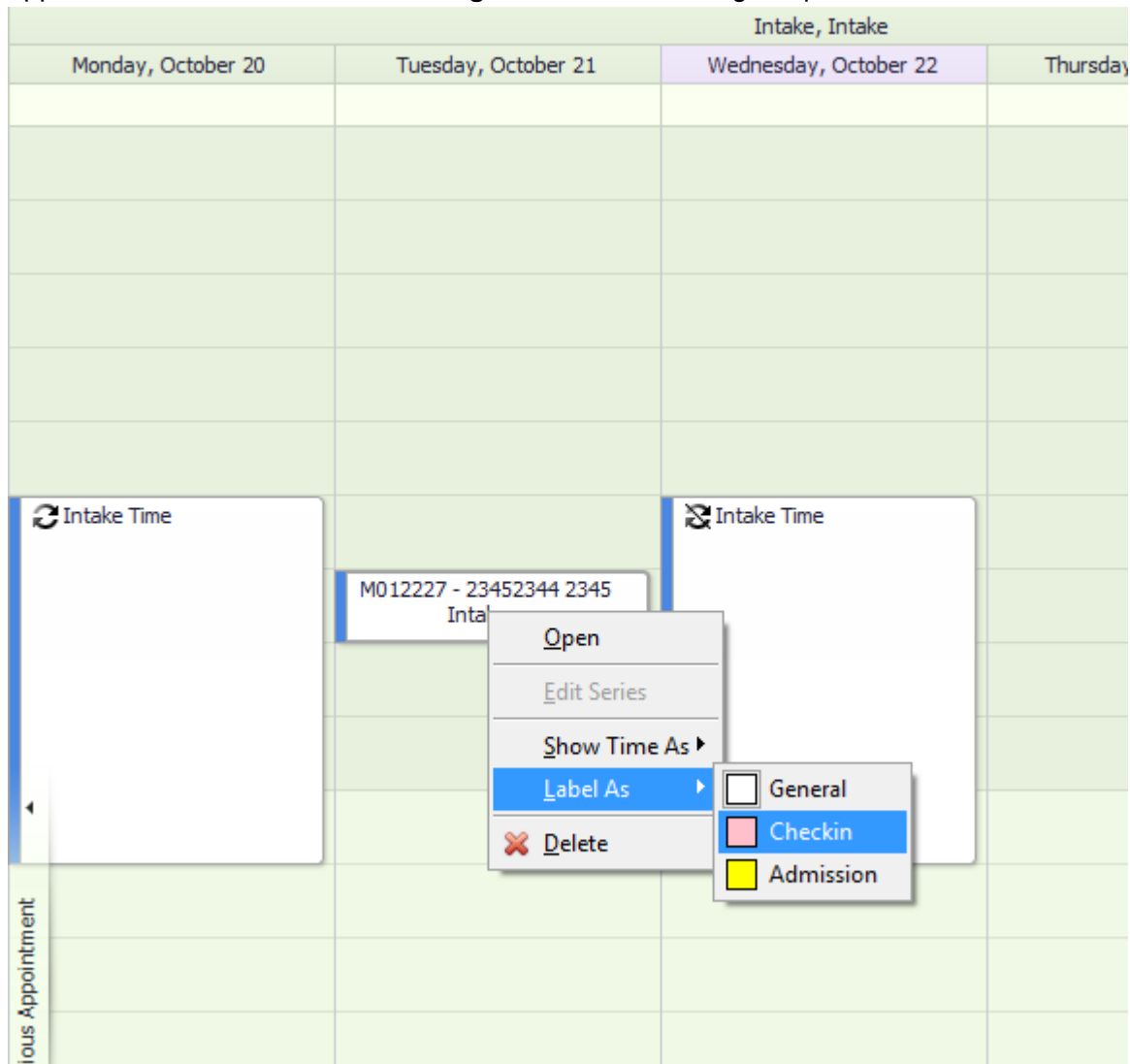
Appointment Calendar Status Changes

When the client arrives for an appointment, click on **Clients** in the Main Menu and choose **Client Search**. Find the client by **Last Name or Client ID**. In the client's record, click on **Holds/Appts**. Click on **Add Appointment** at the bottom of the screen.

- You will be presented with your personal calendar on the left and the Intake calendar on the right as presented below.



- Right Click on the appointment and click on **Label As** and choose **Check in**. The color of the appointment block on the **Scheduling Calendar** will change to pink to reflect the checked-in status.



Before a client starts the Admission process, we want to make sure that they still have active coverage if they are a Third Party Client. See the Checking [Third Party Payer Eligibility](#) Section on how to complete this process.

If the client has a remaining deductible or a requires a CoPay or Co-Insurance, per clinic policy, calculate the amount that needs to be collected prior to any admission services being performed. In this case, proceed to [Processing a Payment >>](#). Otherwise * The client may be moved into the [Clinical Admission](#) process.

Processing a Payment

- Click on the **Payment** tab of the patient file, and choose **Add Payment**.

SAMMS M012227 23452344 2345 -

Client Info **Payment** Forms Evals RxOrders Dosing Log Holds/Appt Testing Services

Drag a column header here to group by that column

Date	Bill	Payment	Pay Type	Adjustment	Balance

Date/Time	Staff	Billnote

Date	Billing Rule






Fee: Freq:

Day Next Bill:

Change Billing Pay Day:

1 Time Bill Bill Service Bill Dose


Legend
Payment Bill Pending Adjustment

Payment  Adjustment  Delete Pay Adj  Billing Note  Delete Note 

23452344 2345 Inquiry

Last Checkin: None
 Last Indv: 1/1/1900
 Last Trt Plan: N/A
 Last Lab: 1/1/1900
 Last Dose: None
 Days Missed:
 Last UA: None
 Code:
 Visit Days:
 Last Pmt Dt: n/a
 Last Pmt Amt: n/a
 Balance: \$0.00

HOLD

 Change

- In the box that displays, record the amount in dollars.
- Select the payment type



All payment types other than cash require a transaction or check number before they are saved.

- Use the “Remarks” area to record any extra information regarding the transaction.
- The “Receipt Note” will allow you to enter information that is displayed on the receipt for this transaction.



Leave “Create Hold” and “Check-In Client” unchecked, as we do not want to check the client into the dosing queue at this time.

- The system generates a receipt for the payment and asks if you want a printed copy.
- The client may be moved into the clinical admission process. [Third Party Payer \(Insurance\) – Front Desk >>](#)

Third Party Payer (Insurance) – Front Desk

Clients will pay for services in a variety of ways. Some will pay for these services out of pocket. Some may have insurance provided by their employers. Many will receive government assistance to pay for their medication and counseling.

- Third Party eligibility and coverage may seem complex. Click [here](#) for a list of **common terms and their definitions**.
- To determine **how the client will pay** for services click: [here](#)
- See instructions on how to [Enter Third Party Payer Information](#) into SAMMS.
- After a client is admitted to the program, it is time to [set up insurance benefits](#) in SAMMS.
- To make sure that the client is still eligible for **Third Party benefits**, you will periodically be required to [run eligibility checks](#)

Glossary of Third Party Payer Terms

This glossary defines many of the common terms used in connection with third party payers. The definitions for terms in boldface print can be found in alphabetical order.

Benefits are medical services and supplies that government or private insurance pays for. **Benefits** may cover part or all of a particular treatment, and often have restrictions.

Claim — is a request for payment from a commercial or government health insurance plan. A claim may be submitted by a healthcare provider, such as a clinic, or by an individual.

Coinsurance — refers to a percentage of fees that are the client's responsibility, after the deductible is met. For example, an insurance policy may cover only 80% of medical fees, leaving the other 20% for the client to pay. **Coinsurance** can be found on the **Eligibility, Coverage, or Benefit Report**.

Commercial Health Insurance — sometimes referred to as **Private Insurance** is health coverage provided by a non-government company, such as Aetna or Blue Cross/Blue Shield. Part or all of the cost of commercial insurance may be paid by an employer. Some commercial insurance is subsidized by the government under the Affordable Care Act. Individuals may also purchase commercial health insurance privately.

Copay — is the dollar amount that a client must pay at each visit, normally a set fee. A typical **Copay** might be \$10.00. The **Copay** can be found on the **Eligibility, Coverage, or Benefit Report**.

Current Deductible is the amount of deductible remaining for a calendar year. If a client has already paid \$400.00 of a \$1000.00 deductible, the **Current Deductible** would be \$600.00. The **Current Deductible** amount can be found on the **Eligibility, Coverage, or Benefit Report**.

Deductible — is the amount a person must pay out of his own funds each calendar year for medical services before insurance will start to pay **benefits**. For example, a **Deductible** might be \$1000.00 per year for an individual or \$2500 per year for a family.

Eligibility, Coverage, or Benefit Report — is a report, usually electronic, generated as a response to a Real Time Electronic Eligibility Check or Manual Eligibility Check. It is used to verify that a client does have current coverage for treatment. The **Eligibility, Coverage, or Benefit Report** supplies information about the **Current Deductible**, **Co-pays** and **Co-insurance**.

Medicaid — is a health insurance program for people who do not have the income or resources to pay for their own medical care. It is funded by the government.

Medicare — is a medical insurance program, funded by the United States federal government, for persons ages 65 or older and some younger people with disabilities. Medicare does not cover the cost of Methadone Maintenance Treatment (MMT).

Out-of-Pocket — is some or all medical cost that patient pay for themselves. It is sometimes referred to as **Self-Pay**.

Plan Deductible — is the amount a person must pay out of his own funds each calendar year for medical services before insurance will start to pay **benefits**. For example, a **Plan Deductible** might be \$1000.00 per year for an individual or \$2500 per year for a family. Deductibles will be indicated on the Insurance ID card as an annual amount.

Primary Payer — is the health insurance plan that covers the patient as an employee, subscriber or member.

Private Health Insurance — sometimes referred to as **Commercial Health Insurance** is health coverage provided by a non-government company, such as Aetna or Blue Cross/Blue Shield. Part or all of the cost of private insurance may be paid by an employer. Some private insurance is subsidized by the government under the Affordable Care Act. Individuals may also purchase private health insurance themselves.

Secondary Payer — is the additional health insurance plan that covers the patient in addition to his or her primary plan.

Self-pay — is some or all medical costs that patients pay for themselves. It is sometimes referred to as **Out-of Pocket** expenses.

Third Party Payer — is a government agency or commercial insurance company that pays some or all of a covered persons surgical and medical expenses

Insurance, Yes or No?

After you have activated the client in SAMMS by either enrolling or readmitting them, inquire about their insurance coverage in the following way:

- Do you have Health Insurance?
- Is it Commercial or Government Insurance?
- Do you have a copy of your card with you?

In order to enroll the client into a payer and check eligibility, they must have their card with them so that we may gather the plan and subscriber information. If the client has this information available, proceed to the [Entering Third Party Payer Information](#) section.



If the client has coverage but does not have access to the card or information at this time, proceed to the [Scheduling Appointment](#) section of this document.

Entering Third Party Payer Information

If an enrolling client has proof of third party health coverage, click on the **Third Party** tab in the client file.

- Click on **Add New Payer**

The screenshot displays the SAMMS software interface for client M012329 Bruce Wayne. The 'Third Party' tab is selected, showing the 'Insurance Info' section. The 'Payers' table is currently empty, with a header row containing columns: Payer, Type, Sub ID, Start Dt, Term Dt, and Active. Below the table, there are input fields for Primary Insurance, Secondary Insurance, and Current Auth #, along with buttons for 'Auth Hx and Request', 'Add New Payer', 'Deactivate Payer', 'View Client Claims', and 'Service CoPay Setup'. A 'Current Primary Insurance Card' section shows the SAMMS logo. On the right sidebar, the 'Bruce Wayne Inquiry' section displays various client details: Last Checkin: None, Last Indv: 1/1/1900, Last Trt Plan: N/A, Last Lab: 1/1/1900, Last Dose: None, Days Missed: None, Last UA: None, Code: None, Visit Days: None, Last Pmt Dt: n/a, Last Pmt Amt: n/a, and Balance: \$0.00. A 'Change' button is visible below a client profile picture.

Payer	Type	Sub ID	Start Dt	Term Dt	Active
-------	------	--------	----------	---------	--------

Primary Insurance:

Secondary Insurance:

Current Auth #:

Auth Hx and Request

Add New Payer Deactivate Payer

View Client Claims Service CoPay Setup

Current Primary Insurance Card

Samms

Bruce Wayne Inquiry

Last Checkin: None

Last Indv: 1/1/1900

Last Trt Plan: N/A

Last Lab: 1/1/1900

Last Dose: None

Days Missed: None

Last UA: None

Code: None

Visit Days: None

Last Pmt Dt: n/a

Last Pmt Amt: n/a

Balance: \$0.00

Change

The **Payer Enrollment** screen will appear.

- Enter the **Payer** from the list of regional payers in the drop down menu.



Payers often have similar names. Make sure to compare the address on the card to the address in the drop down menu.

- Select the **Payer Type** from the drop down as either primary or secondary.



The **primary payer** is the health insurance plan that covers the patient as an employee, subscriber or member.



The **secondary payer** is the additional health insurance plan that covers the patient in addition to his or her primary plan. If the patient has a commercial plan and a Medicaid plan, Medicaid is secondary, except with MMT (Methadone Maintenance Treatment) if the patient has Medicare. In that case, Medicaid is primary since Medicare excludes coverage for MMT.



Choosing the correct Coordination of Benefits is essential!

- Enter the **Subscriber ID** (sometimes referred to as the **Member ID**), **Group #**, and **Effective Date** from the coverage ID card.
- Click **Save** to save the client's payer information.
- Coverage details, including deductibles and co-pays will be added after the client is admitted to the program.
- Insurance ID cards may be scanned by clicking on the **Scan Card** button.
- The next step in this process is to verify third party eligibility. Please proceed to [Checking Third Party Payer Eligibility](#).

Setting up Insurance Benefits

After a client is admitted to the program, it is time to set up insurance benefits in SAMMS.

- Click on the **Third Party** tab in the client file .
- Click on the current payer from the **Payers** screen.
- The **Payer Enrollment** screen will display.

Payer Enrollment

Payer:

Address:

Payer Type:

Subscriber ID:

Group #:

Effective Date: Friday, October 10, 2014

Plan Term Date: ☐ Check the box to add term date

Reactivate Plan

Save Cancel

Eligibility

Insurance Card Scan

samms

Scan Card

Plan Deductible: Copay:

Current Deductible: Coinsurance:

Setup Billing Based on Benefits and Save

Benefit History

Drag a column header here to group by that column

- If the client's Insurance ID Card has not yet been scanned, do so now.
- Make sure that all the information that was previously entered is accurate.
- Based on the information on the Insurance ID Card, and the Eligibility, Coverage, or Benefit Report that was generated, add or update patient responsibility in the boxes on the right side of the screen.
- **Plan Deductible** will be indicated on the Insurance ID card as an annual amount. For example, a **Plan Deductible** might be \$1000.00 per year. Enter that dollar amount in numerals only.

- **Current Deductible** is the amount of deductible remaining for the year. If a client has already paid \$400.00 of a \$1000.00 deductible, the **Current Deductible** would be \$600.00. Find the **Current Deductible** amount on the Eligibility, Coverage, or Benefit Report and enter the dollar amount in numerals only.
- **Copay** is the dollar amount that a client must pay at each visit, normally a set fee. A typical **Copay** might be \$30.00. Enter the **Copay** dollar amount in numerals only.
- **Coinsurance** refers to a percentage of fees that are the client's responsibility, after the deductible is met. For example, an insurance policy may cover only 80% of medical fees. In that case, enter the numeral 20 in the **Coinsurance** box to reflect the remaining 20% patient responsibility.
- Click on **Set Up Billing Based on Benefits** and **Save**.



When patient responsibility information is saved in SAMMS, the system will be set up to determine the amount of money the patient must pay at each visit. It will update automatically.

Checking Third Party Payer Eligibility

Access the Third Party Tab within the patients account


Double Click on the Active Payer

The Payer Enrollment box will appear

While still on the **Payer Enrollment** screen, click on **Eligibility** button and the following screen will display..

The screenshot shows a software window titled "Eligibility Check". Inside the window, there is a section labeled "Payers" with a sub-header "Drag a column header here to group by that column". Below this is a table with the following columns: Payer, Date, Format, Elec Status, Staff Status, Staff Note, and Staff. The table is currently empty. At the bottom of the window, there are two buttons: "Real Time Electronic Eligibility Check" on the left and "Manual Eligibility Check" on the right. The "Manual Eligibility Check" button has a green telephone icon next to it.

- In the **Eligibility Check** screen, you will be asked to select either **Real Time Electronic Eligibility Check** or **Manual Eligibility Check**.
- Select **Real Time Electronic Eligibility Check**.


 HTTP Post

Data to Post
ISA*03~d27032743*01*XYXY2233 *ZZ*XX09211223 *01*030240928
*130829*1102~*00501*290811021*0*T*~GS*HS*XX09211223*030240928*20141021*1615*1*X*005010X2
79A1~ST*270*0001*005010X279A1~BHT*0022*13*0001*20130829*1102~HL*1**20*1~NM1*PR*2*Texas
Medicaid*****PI*86916~HL*2*1*21*1~NM1*1P*2*MedMark
Waco*****XX*1083931562~HL*3*2*22*0~TRN*1*290811021*3030240928~NM1*IL*1*333
*3333*****MI*1234567~DMG*D8*19990202~F~DTP*291*D8*20141021~EQ*30~SE*13*0001~GE*1*1~IEA*1*
290811021~

Response

Status

Electronic Response:

Start Electronic Eligibility Check 

- Click on **Start Electronic Eligibility Check** and the system will contact the coverage carrier electronically to determine eligibility.
- A report will appear in a new screen.



The Eligibility, Coverage or Benefit Report might vary among different providers and at first seem long and complicated. You will be looking for the Subscribers' Name, Group or Policy Number, Eligibility or Benefit (including the type and description of the Plan), and Eligibility Begin and End dates.

Individual or Organizational Name:

Entity Identifier Code : Payer
Entity Type Qualifier : Non-Person Entity
Name Last or Organization Name : Texas Medicaid/Healthcare Services
Identification Code Qualifier : Payor Identification
Identification Code : AIDTX

Individual or Organizational Name:

Entity Identifier Code : Provider
Entity Type Qualifier : Non-Person Entity
Name Last or Organization Name : MEDMARK WACO
Identification Code Qualifier : Centers for Medicare and Medicaid Services National Provider Identifier
Identification Code : 1083931562

Trace:

Trace Type Code : Referenced Transaction Trace Numbers
Reference Identification : 290811021
Originating Company Identifier : 3030240928

Individual or Organizational Name:

Entity Identifier Code : Insured or Subscriber
Entity Type Qualifier : Person
Name Last or Organization Name :
Name First :
Identification Code Qualifier : Member Identification Number
Identification Code :

Reference Information:

Group or Policy Number : 161

Demographic Information:

Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Date Time Period : 19820824
Gender Code : Male

Eligibility or Benefit Information:

Eligibility or Benefit Information Code : Active Coverage
Coverage Level Code : Individual
Service Type Code : Health Benefit Plan Coverage
Insurance Type Code : Medicaid
Plan Coverage Description : 100 TRADITIONAL MEDICAID

Date or Time or Period:

Date/Time Qualifier : Added
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Date Time Period : 20090904

Date or Time or Period:

Date/Time Qualifier : Eligibility Begin
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Date Time Period : 20090601

Date or Time or Period:



Date/Time Qualifier : Eligibility End
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Date Time Period : 20141031

button

The system will automatically determine whether there is active coverage or not and post it to the Eligibility screen for you.

Payer status should be verified for all established patients and before services are rendered to a new patient.

Once eligibility has been determined, a response should be posted to the account.

Date:	<input type="text" value="Wednesday, February 03, 2016"/>	
Payer:	<input type="text" value="Amerigroup Community Care"/>	
Method:	<input type="text" value="Website"/>	
Staff Decision	<input type="text" value="Inactive Coverage - term plan, hold placed"/>	View Payer Info
Staff Comment:	<input type="text"/>	
<div><div>Post Response to Client Account </div><div>Attach Scan </div></div>		

If coverage is determined as “INACTIVE” the patient should be enrolled as PRIVATE PAY and the patient should be notified.

lp revision 2.3.16

Authorization Workflow

- After the client's information has been entered into SAMMS, enter Third Party information, and verify coverage.
- For insurance plans that require Authorization, begin the **Authorization Request** process.

An **Authorization Request** may be performed in two areas in SAMMS:

- In **SAMMS Main Menu**, click on **Third Party** and select **Billing Queue**.
- In **SAMMS Main Menu**, click on **Clients****, and select ***Client Search**. Enter **Last Name or Client ID#** in the **Search for Client** screen, and click **Search**. The patient chart will display. Click on the **Third Party** tab.

The **Insurance Info** screen displays.

Insurance Info

Theron Andrews
Medicaid

8/6/2014
Last Checkin: 8:24:00 PM
Last Indv: 1/1/1900
Last Trt Plan: N/A
Last Lab: 8/6/2014
Last Dose: None
Days Missed: None
Last UA: None
Code: None
Visit Days: None
Last Pmt Dt: n/a
Last Pmt Amt: n/a
Balance: \$0.00

HOLD

Payer	Type	Sub ID	Start Dt	Term Dt	Active
Oigna	Primary	12345697	8/15/2014	8/29/2014	<input checked="" type="checkbox"/>
Univofcham...	Primary	101607217	4/30/2014	8/29/2014	<input type="checkbox"/>

Primary Insurance: Oigna
Secondary Insurance:
Current Auth #: 8825436

Auth Hx and Request

Add New Payer Deactivate Payer

View Client Claims Service CoPay Setup

- In the **Payers** grid, click on the payer for which you are requesting authorization.
- Click on **Auth HX and Request**.

- The Authorization Report box displays.

The screenshot shows a software window titled 'SAMMS'. At the top is a table with the following data:

Payer	Req Date	Req Start Date	Service	Staff	Authorization	Effective	Term	Failure Code
United Behavio...	8/5/2014	8/5/2014		fason	8825436	8/5/2014	8/5/2014	

Below the table is the SAMMS logo. To the right of the logo is a 'Request' section with the following fields:

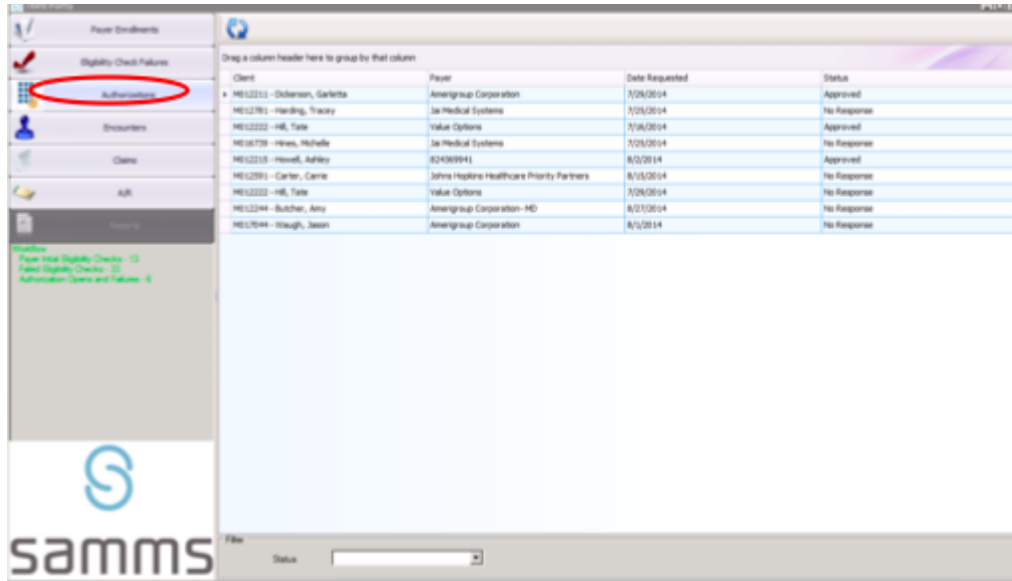
- Payer: Cigna
- Date Requested: Friday, August 29, 2014
- Requested Start: Friday, August 29, 2014
- Requested Service: Assessment, Methadone Maintenance

Below these fields is an 'Upload Auth Form' button. At the bottom of the window are three buttons: 'Save Authorization Request' (circled in red), 'Delete Authorization', and 'Cancel'.

- Choose the **Payer** from the drop down menu.
- Enter the **Date Requested**, typically today's date.
- Enter the **Requested Start**, that is the date the authorized service will begin.
- Enter the particular service for which authorization is being requested in **Requested Service**.
- Click **Save Authorization Request**.

Tracking an Authorization Request

- In the **SAMMS Main Menu**, click on the **Third Party** tab.
- Click on **Billing Queue**.



- Click on the **Authorizations** button on the left side of the screen.
- The grid will display **Client Name** and **ID Number**, name of Third Party **Payer**, Authorization **Date Requested** and Authorization **Status**.
- Double click on the left side of the **Client Name**.
- The **Authorization** screen will display.

Payer	Req Date	Req Start Date	Service	Staff	Authorization	Effective	Term	Failure Code
Amerigroup Co...	7/29/2014	7/30/2014	Methadone Mai...	swright	Denial	7/30/2014	7/30/2014	

Request

Payer:

Date Requested: Friday, August 29, 2014

Requested Start: Friday, August 29, 2014

Requested Service:

Upload Auth Form:

Save Authorization Request (circled in red)

Delete Authorization

Cancel

General Operations

- [Checking Batch Eligibility Results](#)
- [Scanning Documents](#)
- [Refunding a Payment](#)
- [Bill By Service](#)
- [Printing a Tox Ticket](#)
- [Adding Billing Notes](#)
- [Reprinting a Receipt!](#)

Checking Batch Eligibility Results



Every Sunday night, the system automatically checks the status of all clients with third party payers. On Monday morning, you will be required to view the list of all clients who are showing as newly “inactive” and confirm their current status.

- To view the list, click on **Third Party** from the **SAMMS** main menu and select **Billing Queue**

Third Party

Drag a column header here to group by that column

Client	Date of Check	Payer	Status
M010503 - JACOBS, JOSHUA	10/24/2014	Texas Medicaid/Healthcare Services	EB1 - QMB
M010504 - HOLLOWAY, NICOLE	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010537 - LOWER, CHARLES	10/24/2014	Texas Medicaid/Healthcare Services	EB1 - QMB
M010541 - HARRISON, TIFFANY	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010552 - KELLEY, SABRINA	10/24/2014	Texas Medicaid/Healthcare Services	EB1 - QMB
M010631 - DURAN, BILLIE JO	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010642 - COPELAND, HEATHER	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010661 - SHAW, CHRIS	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010667 - SHELBY, JESSICA	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010456 - WILLEY, JIMMY	10/24/2014	Texas Medicaid/Healthcare Services	EB1 - QMB
M010680 - CARTER, AMY	10/24/2014	Texas Medicaid/Healthcare Services	EB*6 Inactive Coverage
M010029 - McGowan, Margaret	10/24/2014	Texas Medicaid/Healthcare Services	EB1 - QMB

Workflow
 Payer Initial Eligibility Checks - 11
 Failed Eligibility Checks - 37
 Authorization Opens and Failures - 9

samms

Upload Batch 270 File Post Batch 271 File

- Click on **Eligibility Check Failures** and a grid will display with the names and third party payer information for all clients showing as inactive.
- Click on the first client to be checked in the grid.
- The **Manual Eligibility Check** screen will display.

Manual Eligibility Check

Date: Friday, October 24, 2014


Payer: Texas Medicaid


Method:

Staff Decision:

Staff Comment:

View Payer Info

Post Response to Client Account 

Attach Scan 

- Click on **View Payer Info** to view contact information for the third party payer.
- The Third Party Payer screen will display.
- Using the displayed **Telephone** number, contact the payer to confirm status.
- In the **Manual Eligibility Check** screen, select the **Method** you used to contact the third party payer from the drop down menu.
- From the drop down menu, select a **Staff Decision** on the disposition of the case.
- You may enter any additional information in the **Staff Comment** box.



If you have received any documents related to this matter, they may be scanned into the system by clicking on the **Attach Scan** button.

By clicking on **Post Response to Client Account**, the new information is saved, and the client is removed from the **Eligibility Check Failures** list on the grid.



Continue to check the status of all the names on the **Eligibility Check Failures** list until the grid is empty.

Scanning Documents

In the client file, click on the **Forms** tab at the top. The **Documents and Scans** screen will display.

PICTURE OF DOCUMENTS AND SCANS

- Click on **Acquire Scan** to scan a document in PDF format.
- Click on **Acquire Document** to scan a document in Word or Excel format.
- After a document is acquired, it is displayed in the grid.
- A document can be viewed by double clicking on it in the grid. The **Document Viewer** will display.
- Exiting the **Document Viewer** will display the **Document Status** box. Choose **Audited, Completed,** or **Reviewed by Supervisor** from the drop down menu, and click **Save**.
- If you wish to delete a document, click on it on the grid, and then click on **Delete Selected**.

Refunding a Payment

- To refund a payment, click on the **Payment** tab in the client file.
- Click on the payment in question on the grid.
- Click on the **Adjustment** button and the **Add Billing Adjustment** screen will display.

ADD BILLING ADJUSTMENT SCREEN

- The amount in question will automatically appear in the **Add Billing Adjustment** screen.
- Check **Credit** next to the amount to decrease the client's balance.
- Choose a **Reason** from the drop down menu



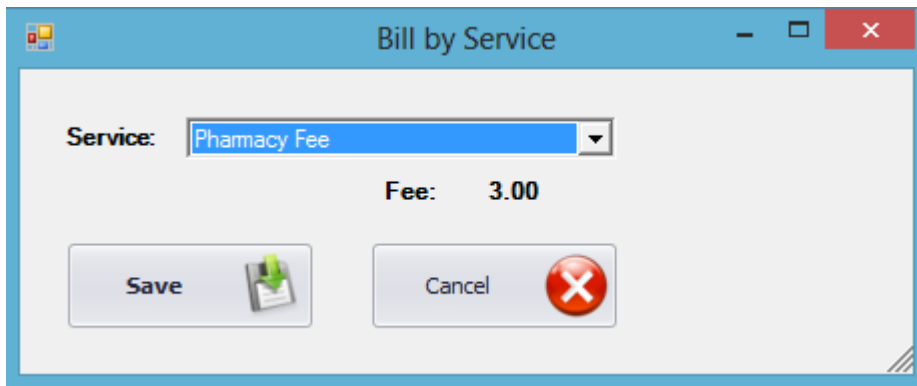
Reasons include the following options: C = Change in Benefits/Coverage D = Discount E = Error I = Change in Insurance Eligibility or Plan M = Marketing Promotion P = Proration G = Guest Medicating at Non-MedMark clinic with documentation

- If needed, add a note in the **Remarks** box to give further information about the change.

Bill By Service

In order to add the cost of a service to the client's account, click on the **Payment** tab in the client's file.

On the **Payment** screen, click on the **Bill Service** button and the **Bill by Service** screen will display.



The screenshot shows a software window titled "Bill by Service". It contains a "Service:" label and a dropdown menu currently displaying "Pharmacy Fee". Below the dropdown, the text "Fee: 3.00" is shown. At the bottom of the window, there are two buttons: "Save" (with a green arrow icon) and "Cancel" (with a red X icon).

In the drop down menu, select the service that was provided and click **Save**. SAMMS will add the fee to the client's balance.

Printing a Tox Ticket



Adding Billing Notes

At times Front Desk staff may need to add a note to the client's payment records. In the client file click on the **Payment** tab. At the bottom of the **Payment** screen, click on **Billing Note**.

S M010700 David Anderson - Janice Shay

Client Info | **Payment** | Forms | Evals | RxOrders | Dosing Log | Holds/Appt | Testing | Services

Drag a column header here to group by that column

Date	Bill	Payment	Pay Type	Adjustment	Balance
6/24/2014	\$77.00	\$0.00		\$0.00	\$154.00
6/24/2014	\$0.00	\$77.00	Credit Auth #...	\$0.00	\$77.00
7/1/2014	\$77.00	\$0.00		\$0.00	\$154.00
7/8/2014	\$77.00	\$0.00		\$0.00	\$231.00
7/8/2014	\$0.00	\$0.00		(\$44.00)	\$187.00
7/11/2014	\$0.00	\$100.00	Cash	\$0.00	\$87.00
7/11/2014	\$0.00	\$0.00		(\$33.00)	\$54.00

Date/Time	Staff	Billnote
5/6/2014	cadams	will pay in full on Saturdays
4/26/2014	jmcfeeley	PT states that he will pay full bal...
4/25/2014	jmcfeeley	will pay full balance of \$44.00 o...

Date	Billing Rule
3/25/2014	\$77 Weekly on Tuesday

Fee: -1 Freq: Deductable
Day: Monday Next Bill: 10/20/2014
Change Billing Pay Day: Wednesday

1 Time Bill Bill Service Bill Dose

Legend: Payment Bill Pending Adjustment

Payment Adjustment Delete Pay Adj Billing Note Delete Note

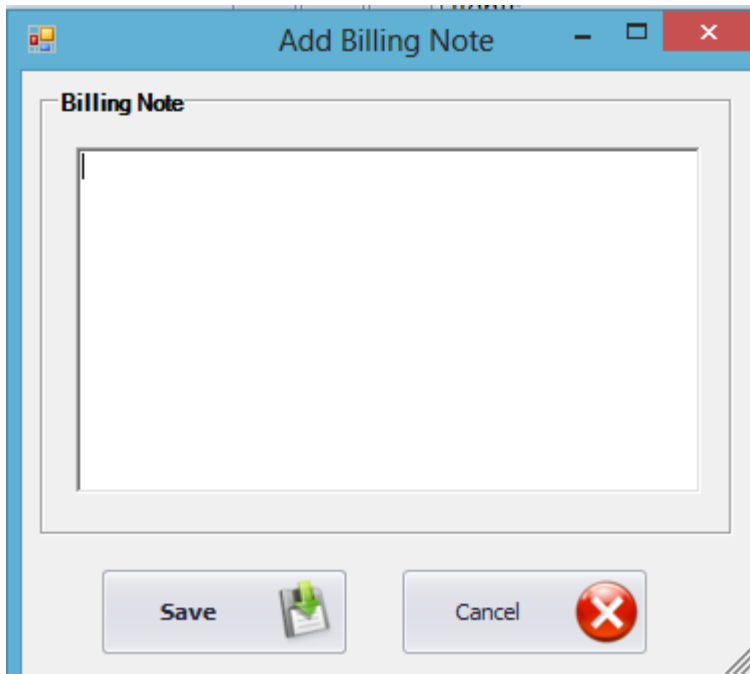
David Anderson
Private Pay

Emergency Contact: Brandon Anderson

Last Checkin: 7/21/2014 5:35:00 AM
Last Indv: 7/15/2014
Last Trt Plan: 4/4/2014
Last Lab: 1/1/1900
Last Dose: 7/21/2014
Days Missed: 92
Last UA: 10/6/2014
Code: Code T
Visit Days: MTuWThFSa
Last Pmt Dt: 7/11/2014
Last Pmt Amt: \$100.00
Balance: \$176.57

Change

The **Billing Note** screen will display. Type the note in the box.



Sample notes may include:

- No checks
- ROI – Release of Records to another party who has accepted responsibility for payment
- A payment promise such as “Client will pay \$100 on Tuesday, January 1.”

When you are finished entering the **Billing Note**, click **Save** and the note can be viewed in the **Billnote** grid on the **Payment** screen.



If the **Billing Note** no longer applies, click on that note in the **Payment** screen and click on **Delete Note**.

Reprinting a Receipt

- To print a receipt for a payment, click on the **Payment** tab in the client file.
- In the grid, click on the payment for which you need a receipt.
- The **Payment** screen will display.

PICTURE OF PAYMENT SCREEN

- At the bottom of the screen, you are asked **Do you wish to reprint the receipt?** Click **Yes**.

Patient Check-In

New Patients:

The patient must be admitted to the program, registration complete, arrival status changed on the appointment calendar, billing has been set up and a payment has been collected (if applicable). The patient is now ready to be entered into the dosing queue.

Press F12 on your keyboard

Established Patients:

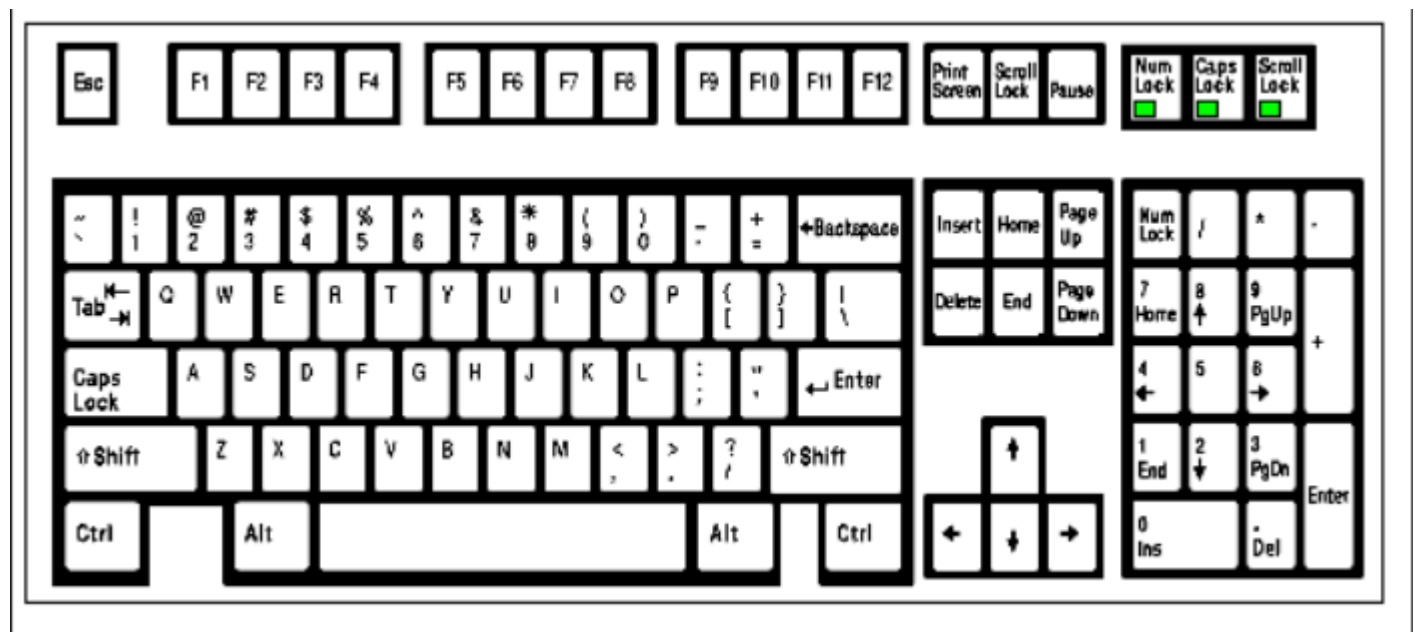
Obtain the patients ID number

Compare the photo in SAMMS for accuracy

Address any Outstanding Balances on the account and collect a payment if applicable

Address HOLDS

Press F12 on your keyboard

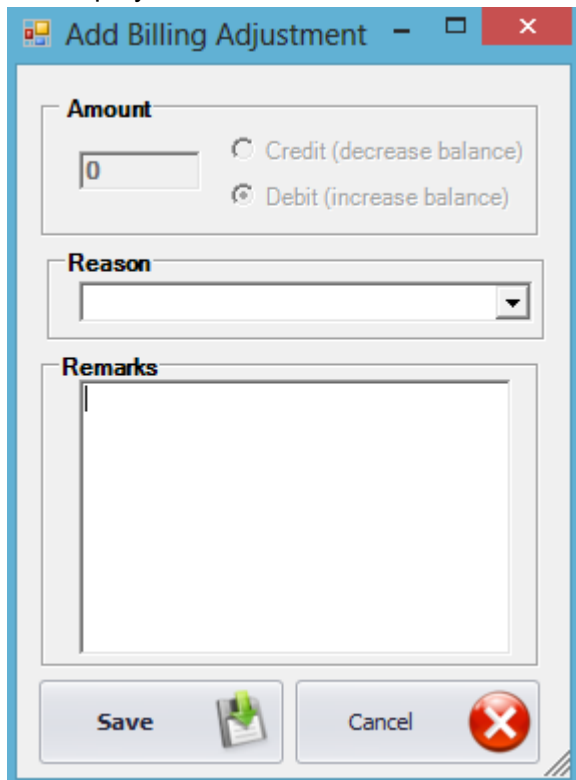


Ip revision 2.4.16

General Adjustments

**At times, changes or adjustments will need to be made to a client's balance or payment history.

- In the client's file, click on the **Payment** tab.
- Click on the **Adjustment** button at the bottom of the page and the **Add Billing Adjustment** screen will display.



- Enter the dollar amount to be adjusted in numerals only in the **Amount** box.
- Check **Credit** if the amount of the client's balance is to be decreased.
- Check **Debit** if the amount the client owes is to be increased.
- Choose a **Reason** from the drop down menu.



Reasons include the following options: C = Change in Benefits/Coverage D = Discount E = Error I = Change in Insurance Eligibility or Plan M = Marketing Promotion P = Proration G = Guest Medicating at Non-MedMark clinic with documentation

- If needed, add a note in the **Remarks** box to give further information about the change.

A/R Codes

- System Accounts receivable or **A/R** codes are:

A = Administrative Discharge

G = Guest Medicating at Non-MedMark clinic with documentation

F = Financial plan

H = Hospitalization

J = Jail/Incarceration

N = Newly Insured

O = Old balance/on payment plan

P = Pregnant patient

Revised 3/5/15

Bill by Schedule

In late 2014, MedMark switched its billing schedule. This may occasionally require staff to explain the present system of **Bill by Schedule** which may differ from billing found in other clinics.

Previous Billing System

Prior to the change in 2014, MedMark billed all clients for their medication at 12:01 Monday morning. Charges appeared on the client's bill when the clinic opened for business on Monday morning. Clients who did not pick up medication until later in the week carried a balance from Monday until the day of the clinic visit.

Present Bill by Schedule System

Under the present system clients are billed for their customary medication on the day of the week that they typically visit the clinic. Clients will pay for any Window Doses, as well as TakeHome Doses, during their clinic visit.



Clients who visit the clinic on a different day than they usually do, will still be charged on their customary pick up day.

Testing

The **Testing** Tab of the client file allow staff to enter test results.

Client Info	Payment	Forms	Evals	RxOrders	Dosing Log	Holds/Appt	Testing	Services
Test Type	Collection	Result Dt	Collected By	Note				
⊕ TB		10/22/2014	jthorpe	Pt referred for CXR				
⊕ LAB		10/21/2014	jthorpe					
⊕ PHYS		10/21/2014	jthorpe	Pt seen and assessed by MD				
⊕ UA	10/22/2014	10/21/2014	jthorpe	Unfavorable UDS				

Toxicology Schedule Frequency: **Program Default**

Add UA
 Add TB Result
 Add Phy
 Add Lab
 Delete Result
 Print Tox Results
 Default Panel



Toxicology tests that are judged positive for an illicit substance are shown in yellow on the grid.

- The **Toxicology Schedule Frequency** window can be changed from the **Program Default** to weekly.

* To add TB Results “

* To add the results of a Physical Exam “

* To add result of a **Urine Analysis** “

* To add **Lab** results “

Testing results may also be deleted from this screen. SAMMS will record the name of the staff member who deleted the results.



To produce a report with the client's test results over a particular date range, click on **Print Tox Results**.

Adding Results of a Physical Examination

- In the **Testing** tab of the client file, click on the **Add Phys Results** button.



- The **Add Test Results** screen displays.

A screenshot of a software window titled 'Add Test Results'. The window has a light gray background. On the left side, there is a 'Test Type:' label followed by a dropdown menu. Below that is a 'Result Date:' label followed by a text box containing '10/21/2014'. At the bottom left, there is a 'Note' label above a text box containing 'Pt seen and assessed by MD'. At the bottom of the left section are two buttons: 'Save' and 'Cancel'. On the right side, there is a large white area with a list of items: 'Healthy' (checked), 'Physical Completed' (checked), 'Result 3' (unchecked), and 'Result 4' (unchecked). Below this list is a red checkmark icon followed by the text 'Positive Finding'.

- Enter the date of the test in **Result Date**.
- Enter more information about the test in the **Note** box.
- On the right side of the screen, check or uncheck boxes to show results.
- Click **Save** to save the information.
The system will add a **Hold** for the next physical examination.
- Click **Cancel** if you do not wish to save the information.

Adding TB Results

In the **Testing** tab of the Client file, click on **Add TB Results**.



The **Add Test Results** screen displays.

A screenshot of the "Add Test Results" window. The window has a title bar with the text "Add Test Results". Inside, there are several fields and a list. On the left, there is a "Test Type:" dropdown menu with "TB" selected, a "Result Date:" text box with "10/22/2014" entered, and a "Note:" text box with "Pt referred for CXR" entered. Below these is a "Save" button and a "Cancel" button. On the right, there is a list of test results and assessments. The list includes: "Deferred", "Negative", "Positive" (checked with a red checkmark), "Risk Assessment - At Risk", "Risk Assessment - No Risk", "Risk Assessment -Referral", "Risk Assessment No Need", "Uncertain", "XRAY Negative" (checked with a red checkmark and highlighted with a blue selection bar), "XRAY Positive", and "XRAY Uncertain". Below the list, there is a red checkmark icon and the text "Positive Finding".

- **Test Type** will be set to **TB**.
- Enter the date of testing in the **Result Date** box.
- Enter additional information in the **Note** box.
- On the right side of the screen, check the test results and assessments that apply.
- Click **Save** to save the results in the client's record.
- A TB Hold will be added for future testing.
- Click **Cancel** if you do not wish to record the results.

Adding Results of a Urine Analysis

- In the **Testing** tab of the client file, click on the **Add UA** button.



The **Add Test Results** screen will display.

- Test Type** will automatically populate with **UA**.
- Scheduled Test Date** can be selected from the drop down menu



The **Scheduled Test Date** is randomly assigned to ensure accurate results.

- Enter the **Actual Test Date** in mm/dd/yyyy format.

*Enter the **Result Date** in mm/dd/yyyy format.

- From the drop down menu, choose the **Screen Type**.

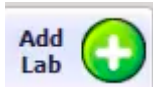
Urine Screen
Reditest
Oral Swab

- Enter the **Test Lot Number**.
- The checklist on the right side of the**Add Test Results** screen lists substances and conditions that might be revealed in urine analysis. By clicking once, or more than once, you may add test findings.

- Enter additional observations, comments or recommendations in **Note**.
- Click **Save**
- The results of this test, will be displayed in the grid, on the **Testing** tab of the client file, and used by the counselor.

Adding Lab Results

In the **Testing** tab of the client file, click on **Add Lab**.



The **Add Test Results** screen will display.

A screenshot of the 'Add Test Results' dialog box. The 'Test Type' dropdown is set to 'LAB'. The 'Result Date' field contains '10/21/2014'. On the right, a list shows 'Abnormal - Refer to PMD' with a red checkmark, followed by 'High Red Blood Cell Count' and 'Lab completed'. Below this list is a 'Positive Finding' label with a red checkmark. At the bottom left is a 'Note' text area. At the bottom are 'Save' and 'Cancel' buttons. A small image of test tubes is visible on the left side of the dialog.

- **Test Type** will populate with **LAB**.
- Check **Positive Results** in the list on the right side of the screen.
- Enter the **Result Date** in mm/dd/yyyy format.
- Enter additional information in the **Note** box.
- Click on **Save**.
- **Lab Results** will be added to the grid on the **Testing** tab of the client file.

Holds

At times, it is necessary to place a hold on an account to inform clinic staff of actions that need to be completed for a particular client. When a client presents at the front desk, staff directs him or her to the appropriate area to satisfy the hold.

- Click on **Clients** in the Main Menu and choose **Client Search**.
- Find the client by **Last Name or Client ID**.
- In the client file, click on the **Holds/Appt** tab.



View as is set to **Grid** by default, but you may switch to **Calendar** view in the drop down menu.

Client Info
Payment
Forms
Evals
RxOrders
Dosing Log
Holds/Appt
Testing
Services

View as
Grid

Date/Time	Type	Status	Staff	Rem Date	Rem Staff	Nurse	
Hold							
10/12/2014	UA	Active	SAMMS				✓
10/9/2014	New Payer	Current	fcason				✓
New Payer change to Cigna Open Access - P O Box 188061 - P O Box 188061 - Chattanooga							
10/9/2014	Authorizati...	Current	fcason				✓
Insurance Authorization							

View
☐ All
☒ Active
☐ Removed
☐ Future

Add Hold
Add Appointment
Print Test Ticket
Remove Hold

Amy Butcher
Medicaid

Last Checkin: 10/21/2014 10:30:00 AM
Last Indv: 1/1/1900
Last Trt Plan: N/A
Last Lab: 1/1/1900
Last Dose: 11/2/2014
Days Missed: 0
Last UA: 10/6/2014
Code: Code T
Visit Days: M
Last Pmt Dt: n/a
Last Pmt Amt: n/a
Balance: \$20.00
HOLD

Change

- Below the **Hold** grid, you can set the grid to display **All** holds, only **Active** holds, previously **Removed** holds, and **Future** holds.



By default, only **Active** holds will display. These are holds with an effective date of today or a previous date.

- [Adding a Hold](#)
- [Removing Holds](#)
- [Removing a Tox Hold](#)

Adding a Hold

- At times, it is necessary to place a hold on an account to inform clinic staff of actions that need to be completed for a particular client. When the client arrives at the front desk for a clinic visit, staff directs him or her to the appropriate area to satisfy the hold.
- In the client file, click on the **Holds/Appt** tab. **View as** is set to **Grid** by default, but you may switch to **Calendar** view in the drop down menu.

Client Info | Payment | Forms | Evals | RxOrders | Dosing Log | **Holds/Appt** | Testing | Services

View as: **Grid**

Date/Time	Type	Status	Staff	Rem Date	Rem Staff	Nurse	
Hold							
10/12/2014	UA	Active	SAMMS				<input checked="" type="checkbox"/>
10/9/2014	New Payer	Current	fcason				<input checked="" type="checkbox"/>
New Payer change to Cigna Open Access - P O Box 188061 - P O Box 188061 - Chattanooga							
10/9/2014	Authorizati...	Current	fcason				<input checked="" type="checkbox"/>
Insurance Authorization							

View: ☐ All ☒ Active ☐ Removed ☐ Future

Add Hold
 Add Appointment
 Print Test Ticket
 Remove Hold

Amy Butcher
Medicaid

Last Checkin: 10/21/2014 10:30:00 AM
 Last Indv: 1/1/1900
 Last Trt Plan: N/A
 Last Lab: 1/1/1900
 Last Dose: 11/2/2014
 Days Missed: 0
 Last UA: 10/6/2014
 Code: Code T
 Visit Days: M
 Last Pmt Dt: n/a
 Last Pmt Amt: n/a
 Balance: \$20.00

HOLD

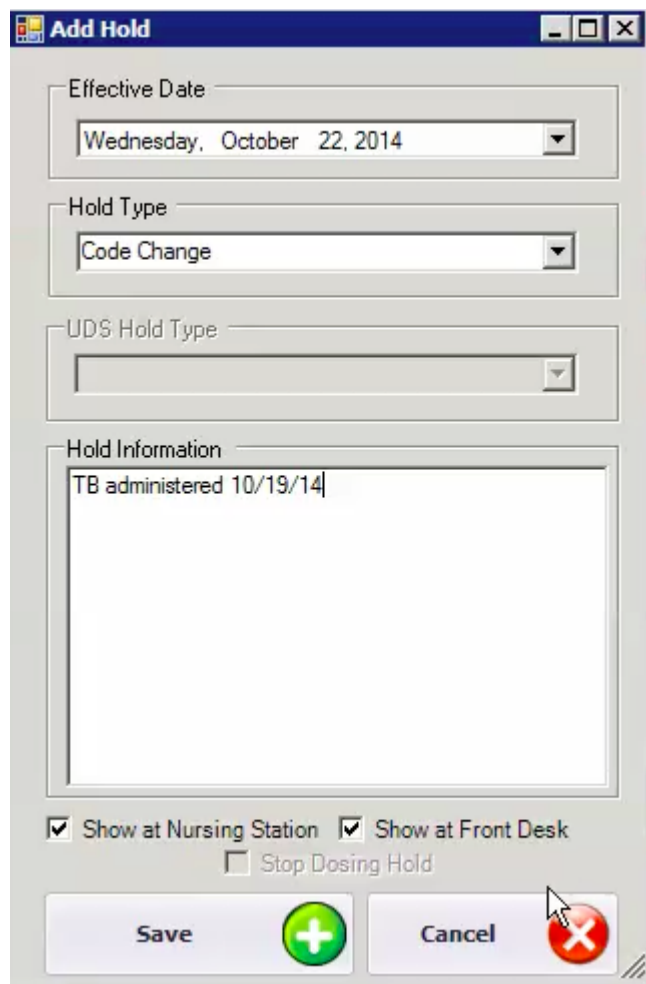
Change

- Below the **Hold** grid, you can set the grid to display **All** holds, only **Active** holds, previously **Removed** holds, and **Future** holds.



By default, only **Active** holds will display. These are holds with an effective date of today or a previous date.

Click on the **Add Hold** button on the bottom of the screen, and the **Add Hold** window will display.



- The **Effective Date** is the date that the hold becomes active.
- From the **Type of Hold** drop down menu, choose the reason for the hold on the client's account.
- The **Hold Text** box allows you enter specific information related to the hold.
- Check the **Hold at Front Desk** box for the hold to be displayed at the Front Desk.
- Check the **Show at Nursing Station** box for the hold to be displayed to the nursing staff.



A **Stop Dosing** hold will prevent the client from receiving medication at the window. Special rights are required both to add and/or remove **Stop Dosing Holds**

- Click the **Save** button to add the hold to the client's file.
- Click the **Cancel** button to cancel the hold.

Removing Holds

To remove a hold in a client's record, click on the **Holds/Appt** tab in the clients file. The **Holds/Appt** screen will display.

Client Info | Payment | Forms | Evals | RxOrders | Dosing Log | **Holds/Appt** | Testing | Services

View as: Grid

Date/Time	Type	Status	Staff	Rem Date	Rem Staff	Nurse
10/12/2014	UA	Active	SAMMS			✓
10/9/2014	New Payer	Current	fcaison			✓
10/9/2014	Authorization	Current	fcaison			✓

View: ☐ All ☒ Active ☐ Removed ☐ Future

Add Hold Add Appointment Print Test Ticket Remove Hold

Amy Butcher
Medicaid

Last Checkin: 10/21/2014 10:30:00 AM
Last Indv: 1/1/1900
Last Trt Plan: N/A
Last Lab: 1/1/1900
Last Dose: 11/2/2014
Days Missed: 0
Last UA: 10/6/2014
Code: Code T
Visit Days: M
Last Pmt Dt: n/a
Last Pmt Amt: n/a
Balance: \$20.00

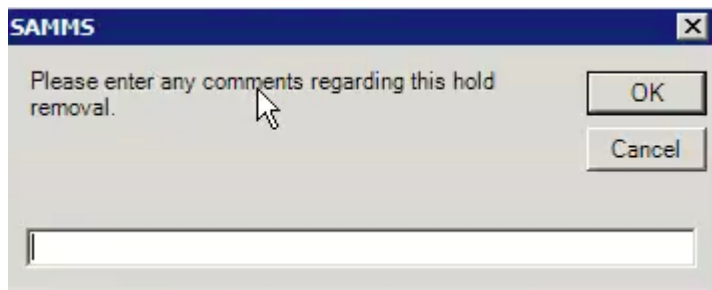
HOLD

Change



The grid will display active holds only by default. You may change this in the **View** box under the grid.

- Click on the hold in question and click on the **Remove hold** button.
- An Inquiry box will appear asking for further clarification or to confirm the request.



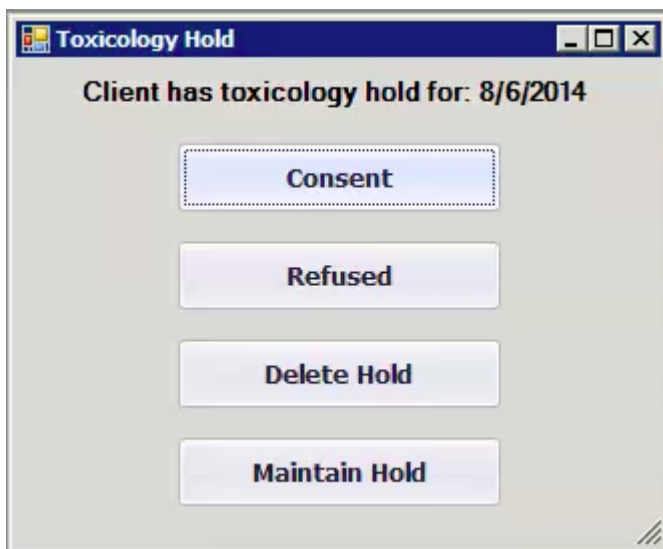
- Click **OK**
- Click on the appropriate button to remove the hold.

Removing a Tox Hold



Only a **Program Director** is authorized to remove a toxicology hold.

- Click on the **Clients** tab in SAMMS Main Menu.
- Select **Search for Clients**.
- The **Search for Clients** screen displays.
- Click on the client's last name.
- On occasion the **Toxicology Hold** screen will display with the client file.
- This client has been selected for a urinalysis **UA** toxicology screen.
- To ensure the hold will be tracked and documented, click on **Consent**.

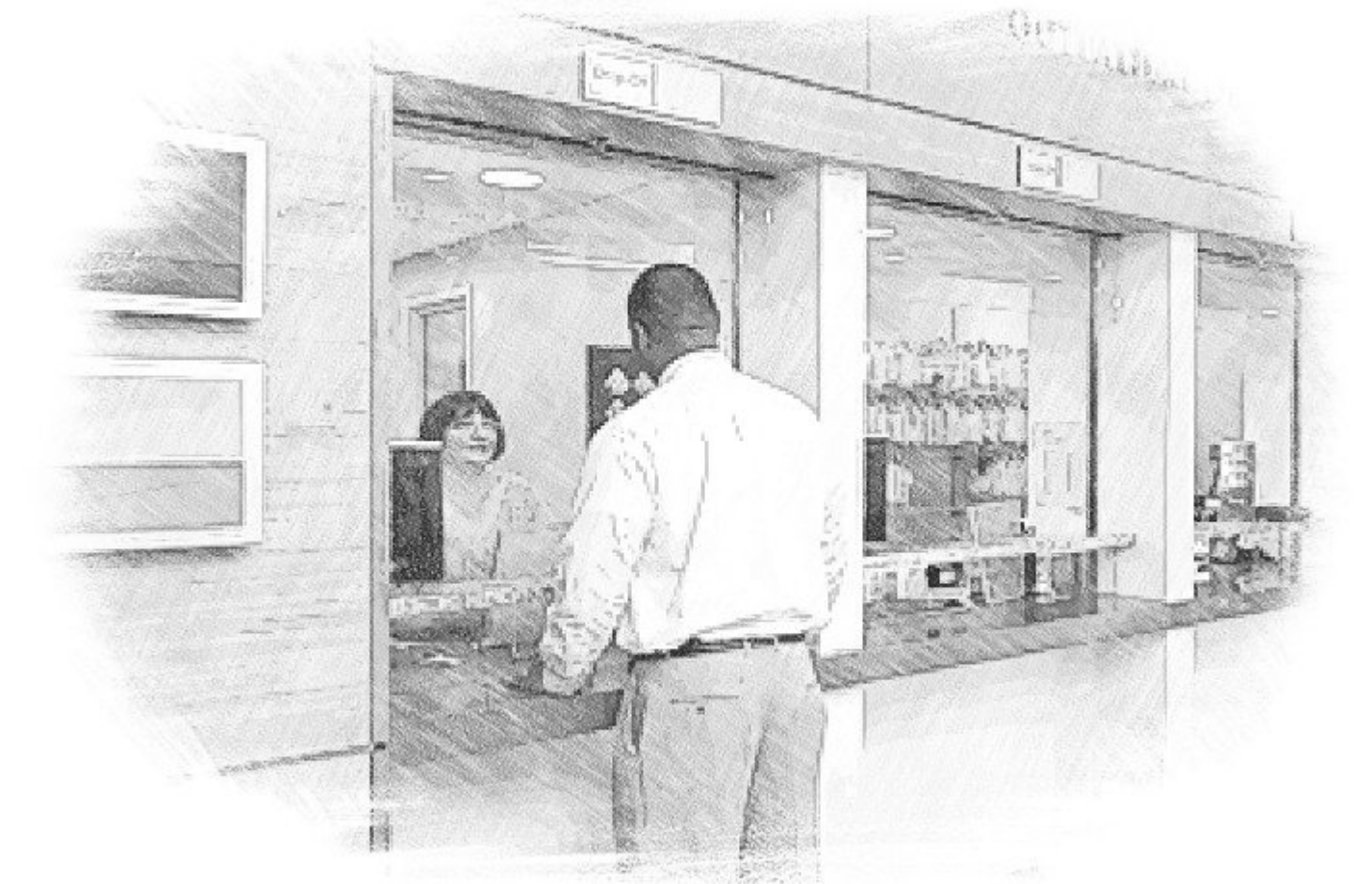


It is important to perform urinalysis tox screens to ensure the client is complying with his or her treatment plan.



Clicking on **Delete Hold** completely removes the hold from the client file. The hold will not be tracked or documented.

Dispensing



- [Medication Accounting Reports](#)
- [Dosing: Definitions and Opening the Bottles](#)
- [Medication Dispensing](#)
- [Dosing Log](#)
- [Rx Orders](#)
- [Dose a Client](#)
- [Print Labels](#)
- [Importing Toxicology Results](#)
- [Guest Dosing](#)
- [Exception Dose](#)

- [Return to Inventory](#)
- [Receive New Inventory](#)
- [Processing a Spill](#)
- [Transfer Inventory](#)
- [Adjust Inventory](#)
- [Urine Drug Screen Results](#)
- [Cleaning the Pump](#)
- [Calibrate the Pump](#)

Medication Accounting Reports

When the clinic opens, in the early morning, run a **Medication Accounting** Report.

- Click on the SAMMS icon on your desktop, and enter your log in information.
- Click on the **Reports** tab at the top of the SAMMS main menu screen.
- Select **SAMMS Reports**
- **Step 1** is to **Select Report Category**. Choose **Dosing**.
- **Step 2** is to **Select Report**. Choose **Medication Accounting**.

The screenshot shows the SAMMS Reports application window with a dark blue title bar. The interface is divided into six steps for generating a report:

- Step 1: Select Report Category**: A list box containing "Client Billing", "Third Party Billing", "Dosing" (highlighted), "Clients", "Services", "Testing", "Holds", "Admin Charts", and "Compliance".
- Step 2: Select Report**: A list box containing various reports, with "Medication Accounting" highlighted. Other reports include "Bottle Record", "Bottle Control Sheet", "Daily Unit Summary", "Medication Inventory", "Exceptions", "Spill/RTI", "Rx Orders Changed", "No Show Report", "Dispense Record", "Shift Log", "Dosing History", "Adjustment Acknowledgements", "Scheduled Dosing Log", "Rx Orders by Expiration", "Missed Doses", "Prepacks by Date", "Prepacks by Date Picked Up", and "Prepacks Yet to be Picked Up".
- Step 3: Select Criteria**: An empty list box.
- Step 4: Select Sorting Option**: An empty list box.
- Step 5: Set Report Date(s)**: Two date pickers. The "Start Date" is set to "Monday , October 20, 2014" and the "End Date" is set to "Tuesday , October 21, 2014".
- Step 6: View or Print Report**: Two buttons. The "View Report" button is highlighted with a mouse cursor, and the "Custom Reports" button is below it.

- Enter the **Start Date** and the **End Date** in question.
- Click on **View Report**.
- The **Medication Accounting** report will be generated and display,.
- It is important to look at Part C **Total Medication Inventory Adjustment During the Period**.

C. Total Medication Inventory Adjustments During the Period		
+ Total Manufacturer Bulk Inventory Overage Adjustments	0	0
+ Total Manufacturer Bulk Inventory Shortage Adjustments	0	0
+ Total Dispensed Medication #returned to Bulk Inventory	0	0
+ Total Medication End of Day Reconciliation Overage Adjustments (Errors)	0	0
- Total Medication End of Day Reconciliation Shortage Adjustments (Errors)	0	0
= Total Medication Adjustments to Inventory	0	0
Adjustments as a % of Total Medication Dispensed	0.00 %	0.00 %

- The nurse should **Print** the report.
- Returning to the **SAMMS Report** screen, still in **Step 1: Dosing**, select **Medication Inventory** in **Step 2: Select Report**.
- In **Step 3: Select Criteria**, choose **All**.



In the State of Georgia, nurses may not dispense medication.

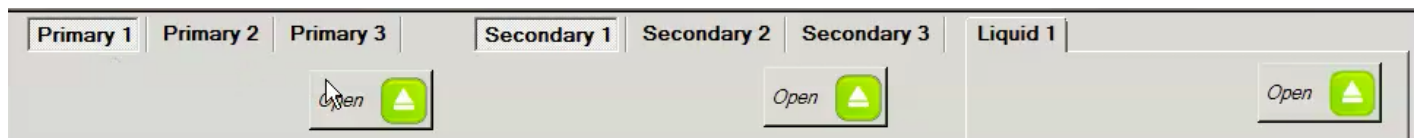
- Click **View Report** and the **Medication Inventory** Report is generated.
- **Print** the **Medication Inventory** Report
- Close out of **SAMMS Reports**.

Dosing: Definitions and Opening the Bottles

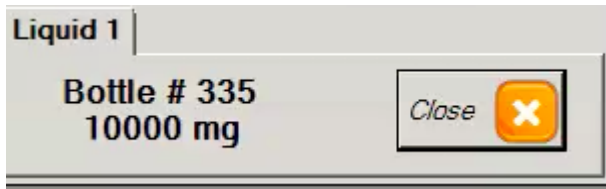


When patients arrive to check in, it is time to start dosing.

On the **SAMMS Main Menu**, you will see tabs for **Primary**, **Secondary** and **Liquid** medications



- **Primary** refers to larger doses of dry medications, including powders, biscuits, and tablets. These medications may be halved or quartered to obtain smaller amounts. To open inventory, click on the light grey **Primary 1** slot and then the **Open** button. The **Open Inventory** screen will display. In the grid, click on the medication you wish to open, normally the bottle with the lowest ID number. You will be asked to verify your choice. Click **Yes**, and the **Bottle Number**, **Medication Name**, the **individual dose in mg's**, the **number of tablets remaining in the bottle**, and the **total mg's available** in that bottle will appear on the **SAMMS Main Menu**
- **Secondary** refers to smaller doses of dry medications that can be combined with **Primary 1** doses to achieve a prescribed quantity. The **Secondary 1** slot will have automatically populated to be the same medication as in **Primary 1**. The individual dose will be smaller to allow staff to combine it with the larger dose to make a prescribed quantity. Click on the light grey **Secondary 1** slot then the **Open** button. The **Open Inventory** screen will display. In the grid, click on the medication you wish to open, choosing the **Bottle ID** lowest in numerical order. You will be asked to verify your choice. Click **Yes** and the **Bottle Number**, **Medication name**, the **individual dose in mg's**, the **number of tablets in the bottle**, and the **total mg's available in that bottle** will appear on the **SAMMS Main Menu**
- **Liquid 1** refers to liquid medications, i.e. methadone. To open inventory, click on the light grey **Liquid 1** slot and then the **Open** button. The **Open Inventory** screen will display. In the grid, click on the bottle with the lowest **Bottle ID** number. You will be asked to verify your choice. Click **Yes** and the **Bottle Number**, **Medication name**, and the **total mg's available in that bottle** *will appear on the ***SAMMS Main Menu**.



When dispensing medications, go in the order of the bottles received as indicated by the **Bottle ID** on the **Open Inventory** screen. Only one bottle at a time can be open at a dispensing station.

When Bottles are open, the **Medication Dispensing** screen displays. [Medication Dispensing >>](#)

Medication Dispensing

After the bottles have been opened, the **Medication Dispensing** screen opens.

- Click on **Client** and the **Search for Clients** screen displays.
- The **Check-in List** grid shows the **Clients** who have checked in.
- Click on the first patient to be dosed, and the client's information will populate in the screen.



If there are any **Holds** on patient treatment, a **Hold** box will display. All **Holds** are addressed before the patient receives medication.

Order Notes display any medical orders for this client,

Order Note	Per doctors orders the patient is to receive two weeks worth of take home medication. The patient will report to the clinic on Tuesdays, receives a window drink and 14
------------	---

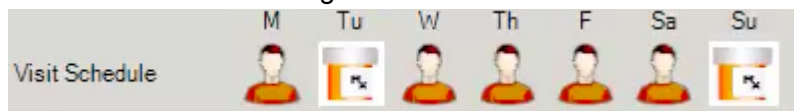
The **Visit Schedule** shows how the patient is to receive medication every day of the week.

Each patient is coded.



Scheduling Code 1 indicates the client visits the clinic for medication one day per week, and receives one Window dose and 6 TakeHome doses. **Code 2** indicates twice per week; **Code 3**, three times per week, following the pattern until **Code 7** indicating that the client must come to the clinic daily. **Code T** indicates that the client visits the clinic every two weeks, and receives 1 Window dose and 13 TakeHome doses. Patients showing a **Scheduling Code M** visit the clinic every month and receive 1 Window dose and 27 TakeHome doses.

- Click on an icon to change it in **Schedule**.



The **human outline** icon indicates the client will receive medication at the window on that day of the week.

The **bottle** icon indicates that the patient will be given a TakeHome Dose of medication.

Dosing Log

The **Client File** in SAMMS includes a dosing.history.

- Click on **Dosing Log** in the **Client File** and the **Dosing Log** screen will display.



Missed Doses will be highlighted in yellow in the grid. **Excused doses** will be highlighted in green.

- A nurse may “excuse” one or more missed doses by clicking on **Excuse Dose**.
- The **Excuse Dose** box will open.
- From the drop down calendar, choose the **Start Date** and **End Date** for the doses to be excused.
- Enter the **Excuse/Reason** the dose was missed.
- Click **Save**.

Excuse Missed Doses

Start Date: Monday, September 29, 2014

End Date: Monday, October 20, 2014

Excuse Reason: Traveling for work

Save Cancel

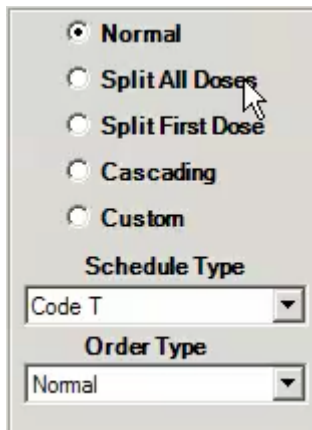
- The excused doses will display in green in the grid.

The **Dosing History** button allows a report to be run. Enter the start and end dates for the report and SAMMS will generate it.

Rx Orders

Medical orders are found on the **Rx Order** tab of the Client file.

Dosing is categorized on the right side of the screen:



The screenshot shows a dosing options menu with the following elements:

- Five radio button options: **Normal** (selected), **Split All Doses**, **Split First Dose**, **Cascading**, and **Custom**.
- A label **Schedule Type** above a dropdown menu showing **Code T**.
- A label **Order Type** above a dropdown menu showing **Normal**.

- **Normal** mean the patients get a prescribed dose (100 or 50 mg for example) at each visit.
- **Split All Doses** is dosing for pregnant clients. Their doses are split to be dispensed 50% in the morning and 50% in the evening.
- **Split First Dose** is for newer patients. It calls for splitting the initial dose to gauge the patient's reaction.
- **Cascading** occurs when an initial dose is set to increase or decrease steadily over time.
- **Custom** is for patient's whose medical condition calls for a customized dosing schedule.



The screenshot shows three date selection fields:

- Order Date**: Tuesday , October 21, 2014
- Effective Date**: Tuesday , October 21, 2014
- Expiration Date**: Wednesday, October 21, 2015

- The **Order Date**, **Effective Date**, and **Expiration Date** may be chosen from the drop down calendars.

New Instructions are entered into **Order Note.

Order Note
Pt seen by MD and per MD orders, the pt's dose is to be changed to 50mg. Per MD orders the pt will not have any take homes.

- Change the dose, if the order calls for it, in **Dose**
- Change the code in **Schedule Type** if necessary.



Scheduling Code 1 indicates the client visits the clinic for medication one day per week, receiving 1 Window dose and 6 TakeHome doses. **Code 2** indicates twice per week; **Code 3**, three times per week, following the pattern until **Code 7** indicating that the client must come to the clinic daily. **Code T** indicates that the client visits the clinic every two weeks, and receives 1 Window dose and 13 TakeHome doses. Patients showing a **Scheduling Code M** visit the clinic every month, and receive 1 Window dose and 27 TakeHome doses.

- Click on an icon to change it in **Schedule**.



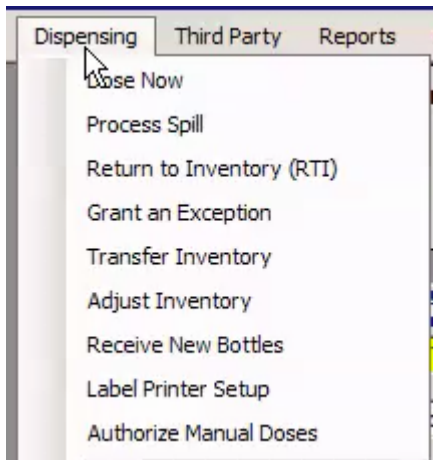
The bottle icon for a Sunday dose does not indicate a TakeHome dose. It is considered a **Closed Clinic** dose.

- The order is electronically signed by the appropriate party.
- Click on **Add and Activate Rx Order**.
- You will be asked if you wish to print the order. Click **Yes** and a paper copy of the order will generate.

Dose a Client

After all holds have been addressed, the client is ready to receive his or her dose.

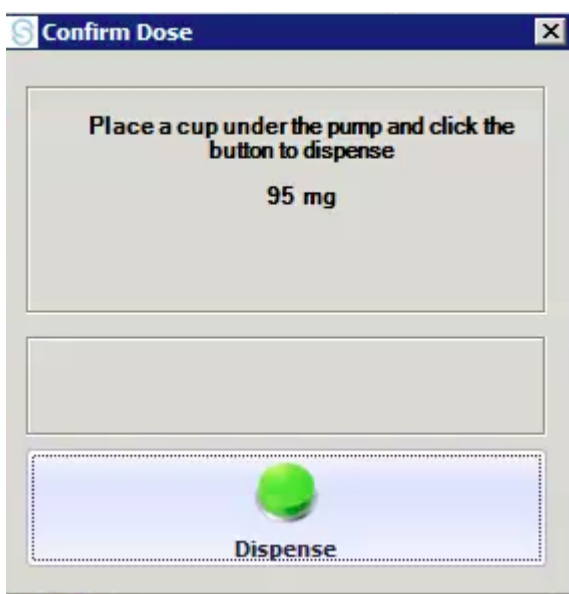
In **Dispensing** tab of the **SAMMS Main Menu**, click on **Dose Now**.



In the **Medication Dispensing** window, click on **Dispense**.



The **Confirm Dose** box will display.



Click **Dispense** to dispense today's dose.

After the dose is taken, the client will talk briefly with a staff member to ensure medication has been consumed.

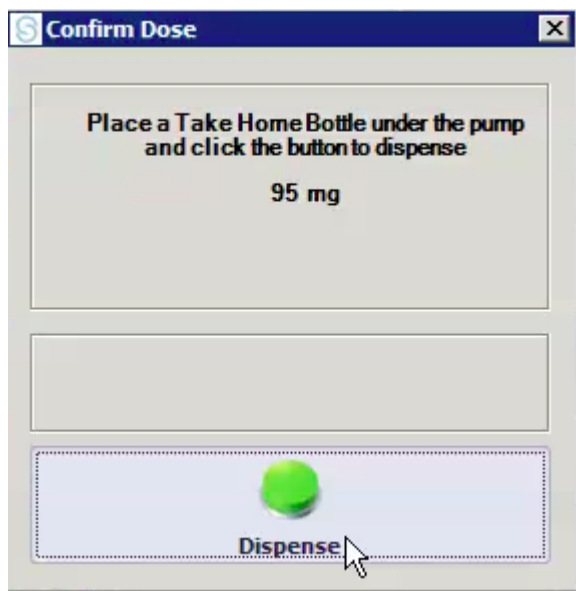
Under the daily dose, and the **Med Date**, there will be an indication of **Doses Left** and an icon indicating **Dose Type**.



The **human outline** icon indicates the client will receive medication at the window on that day of the week. The **bottle** icon indicates that the patient will be given a TakeHome Dose of medication.

Click on **Dispense**.

The **Confirm Dose** box will display.



Click **Dispense** to dispense the TakeHome dose.

The **Dosed Left** number will be reduced by 1.

Repeat until all the TakeHome doses have been dispensed.

Print Labels for TakeHome medication. [Print Labels >>](#)

These doses will be displayed in the grids on the right side of the **Medication Dispensing** screen.

- The **Letter W** indicates a Window dose.
- The **Letter T** indicates a TakeHome dose.

When clients exit the clinic with TakeHome medication, they are reminded to bring their bottles back for their next visit.

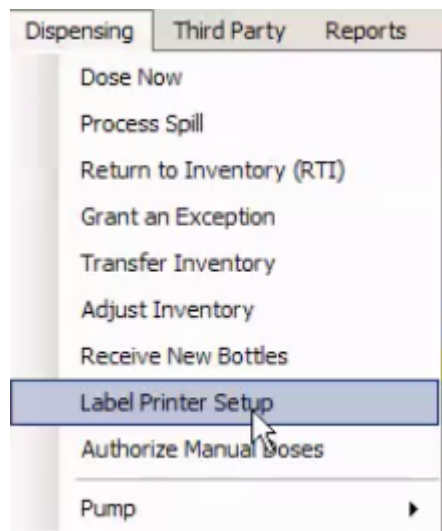
A record of the client's dosing can be found on the **Dosing Log** of the Client file.

Print Labels

Each **TakeHome** dose is labeled with:

- Clinic name and address
- Patient name and ID Number
- Medication type and dose
- Physician's name
- Dispense date
- Medications lot number
- Expiration date of medication
- Caution to keep out of the reach of children
- Instructions to take with one ounce of water

From the **Dispensing** tab of SAMMS Main Menu, select **Label Printer Setup**.

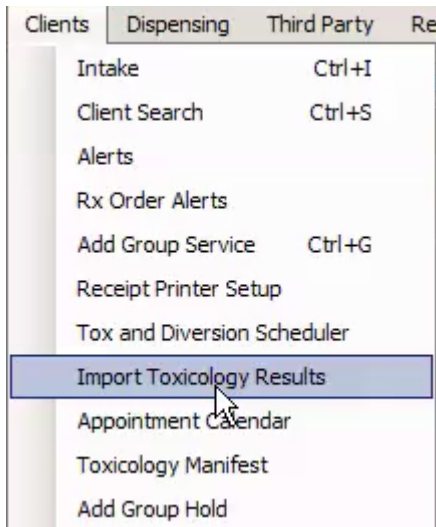


The **Set Label Printer** box displays.

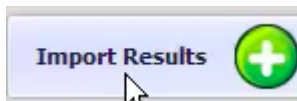
- Select printer
- Click on **Print**

Importing Toxicology Results

Importing Toxicology Results



- In the **Clients** tab of the SAMMS main menu, click on **Import Toxicology Results**.
- The **Toxicology Import** screen will display.
- Click on the **Import Results** button.



- Results of the Client's drug screening tests will display on the grid.

Guest Dosing

- On occasion one of this clinic's clients may need to be dosed at another location. At other times, we may need to dose a client from another clinic. These situations are referred to as **Guest Dosing**.
- Orders for **Guest Dosing** are entered in **Rx Orders** tab of the client file.



If available, a Nurse Supervisor or Program Director is advised when the clinic expects to **guest dose** a client from another location. An order from the client's parent clinic is required. Nursing staff will verify an order from another clinic.

- Click on **Add Rx Order**.
- The **Add Order** screen will display.

Add Order

Doctor: Eldo Jones, MD

Medication Type: Methadone Liquid

Order Date: Wednesday, October 22, 2014

Effective Date: Friday, October 31, 2014

Expiration Date: Thursday, October 22, 2015

Dose: 50

Normal (selected)

Split All Doses

Split First Dose

Cascading

Schedule Type: Code T

Order Type: Normal

Order Type options: Normal, Exception, Guest at Clinic, Guest at another Clinic, Discharge, Intake, Transfer

Order Note

Schedule

M Tu W Th F Sa Su

Add Rx Order +

Cancel X

Add and Schedule Rx Order +

Signatures

Sign Doctor

Sign Nurse

Sign Mid Level

- From the drop down calendar, enter the **Order Date**, the date the order is being entered.
- From the drop down calendar, enter the **Effective Date** the date the new order starts.
- From the drop down calendar, enter the **Expiration Date**, the date the order will no longer be in effect.
- From the **Order Type** drop down menu, select **Guest at Clinic** if we are providing medication to a patient from another clinic.
- From the **Order Type** drop down menu, select **Guest at Another Clinic**, if our patient will be receiving his medication in a different location.
- Orders for patient's medication can be found in the client file in the **RxOrders** tab.

If a client is receiving medication at another location, missed doses at the parent clinic can be **excused**

- Click on **Dosing Log** in the **Client File** and the **Dosing Log** screen will display.



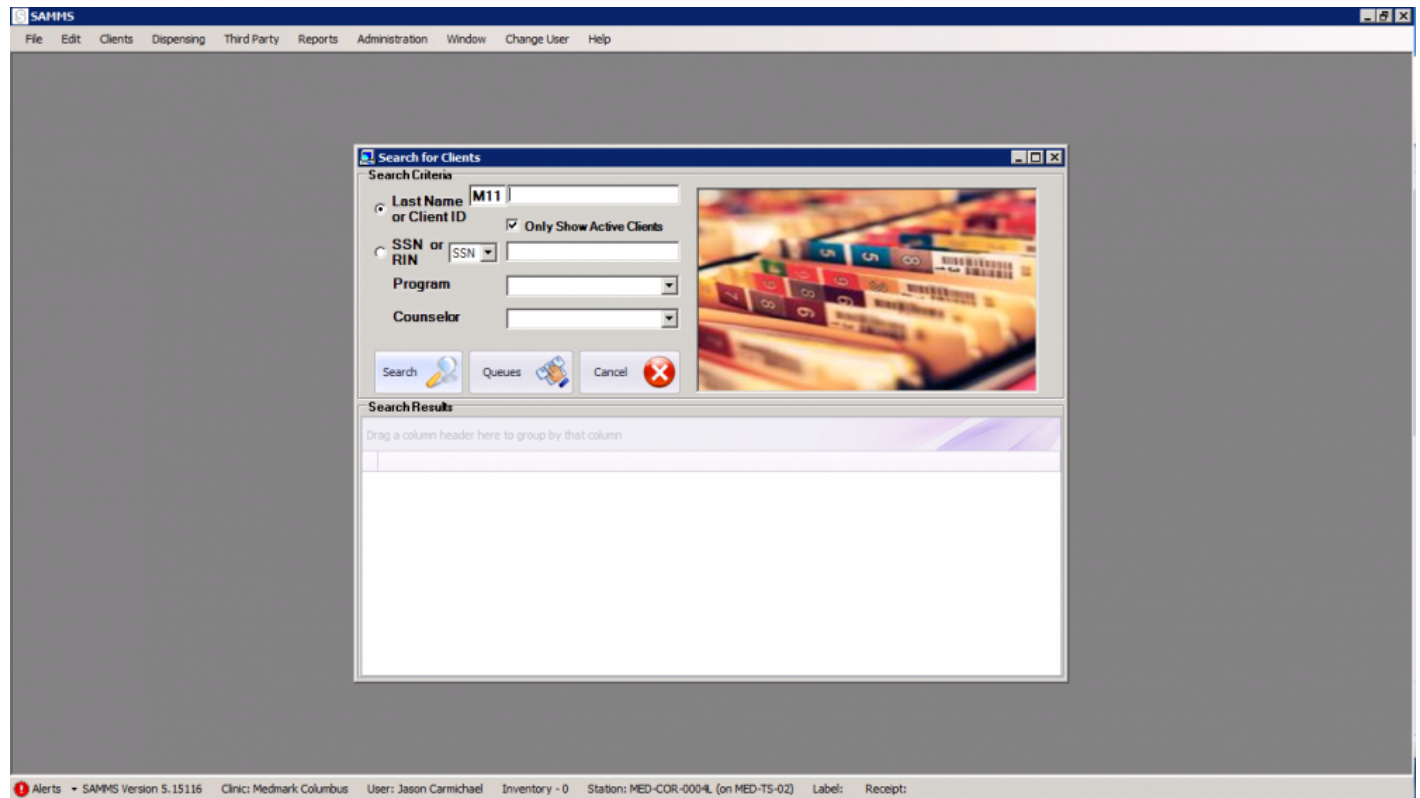
Missed Doses will be highlighted in yellow in the grid. **Excused doses** will be highlighted in green.

- A nurse may “excuse” one or more missed doses by clicking on **Excuse Dose**.
- The **Excuse Dose** box will open.
- From the drop down calendar, choose the **Start Date** and **End Date** for the doses to be excused.
- Enter the **Excuse/Reason** the dose was missed.
- Click **Save**.

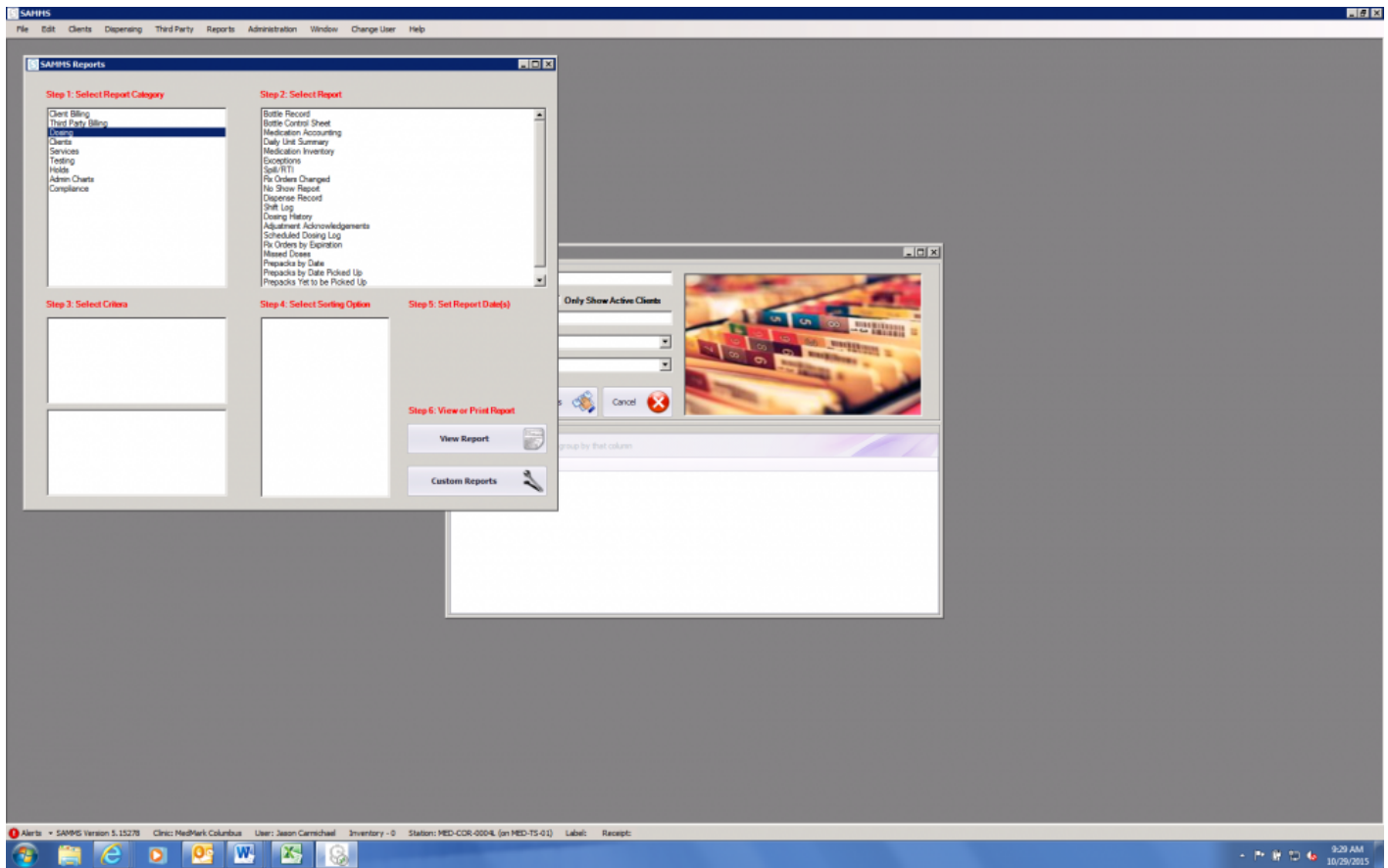


Although the client will be dosed somewhere else, **it is important NOT to void his or her order** in SAMMS. If that happens, the clients will need to be dosed by “Exception” when they return to their customary home clinic, and staff will need to obtain another doctor’s order.

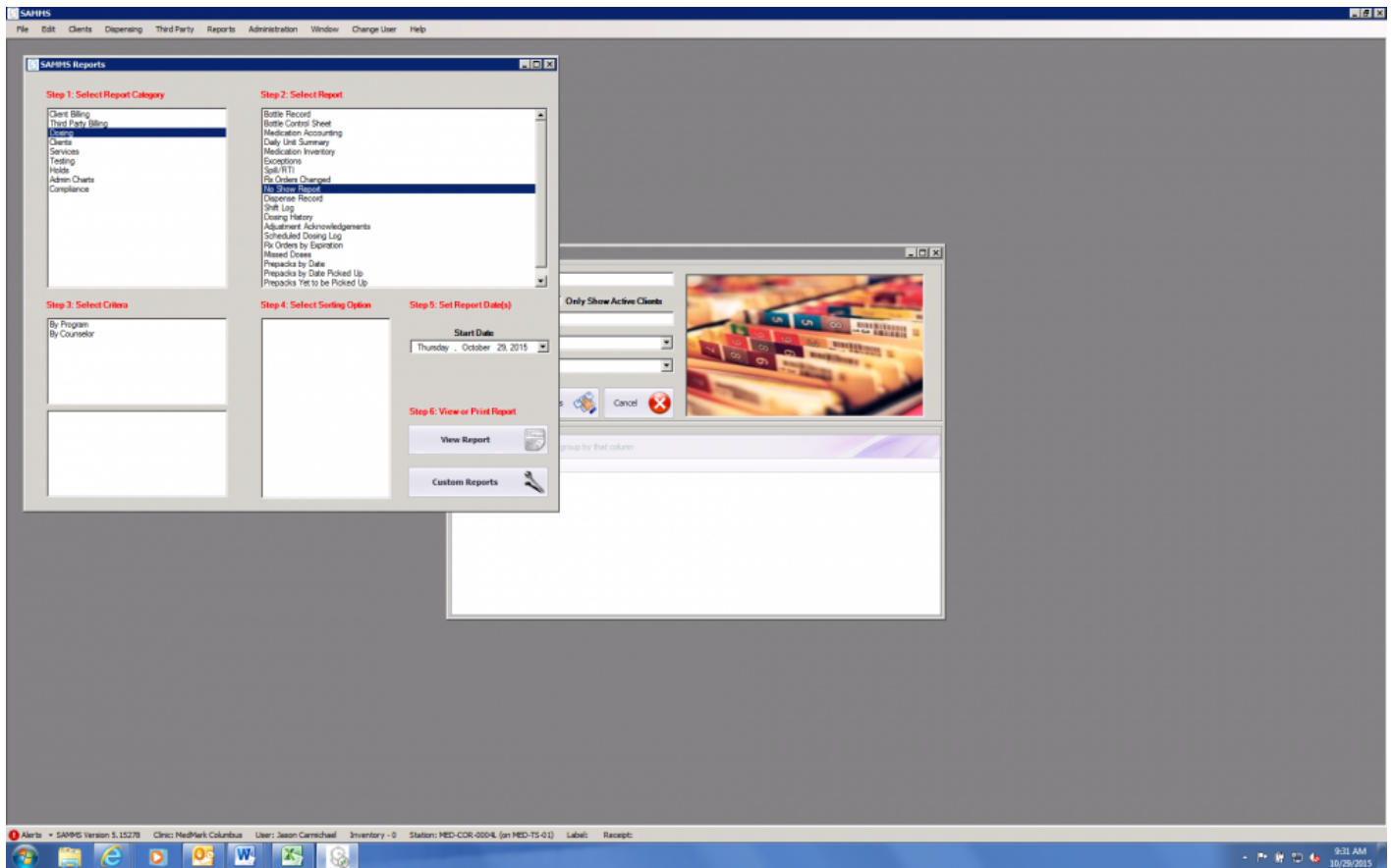
SAMMS Missed Medication Call Procedure



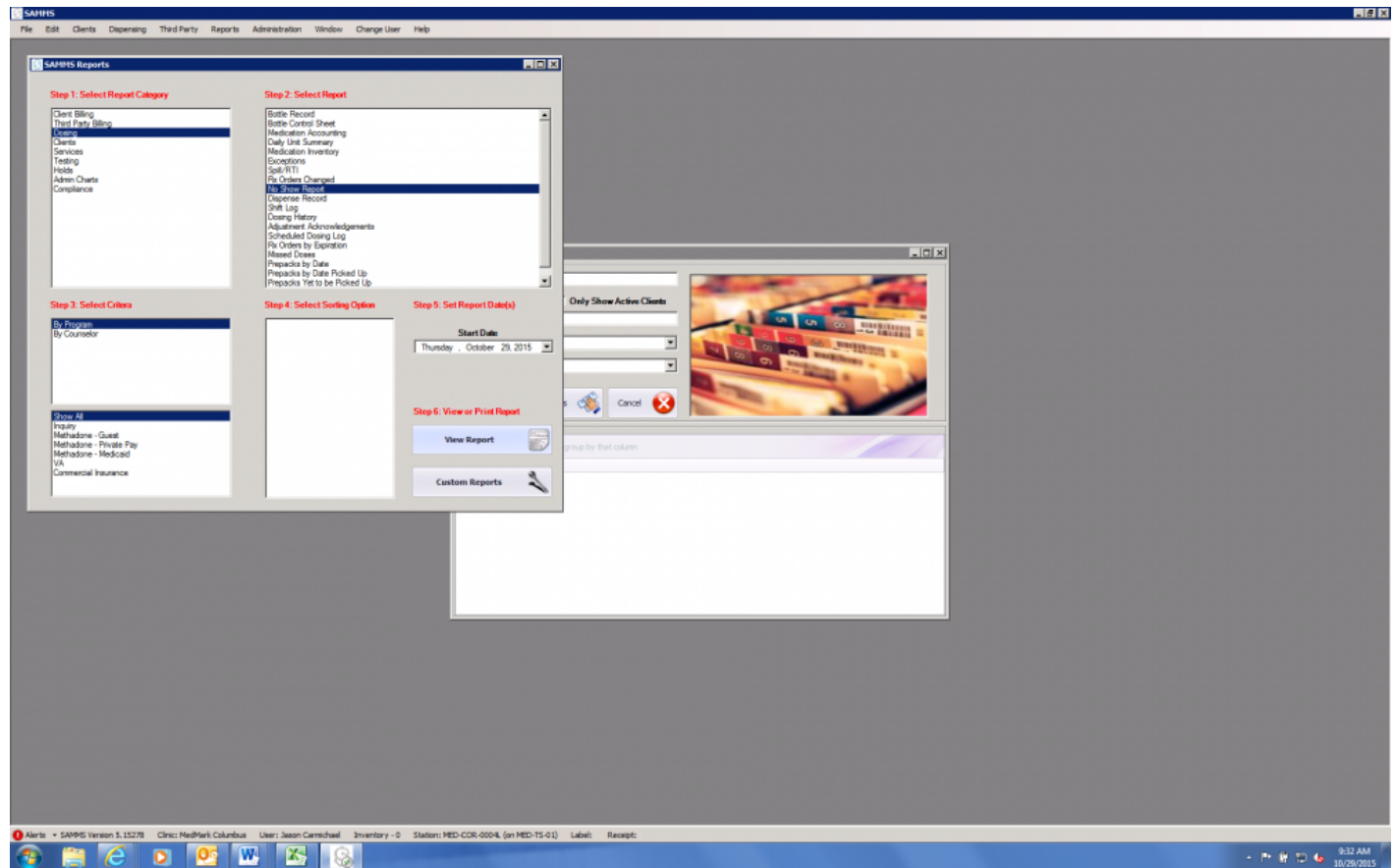
- Click on the “Reports” button at the top of the screen.



- Click on “Dosing”



- Click on “No Show Report”



- Click "By Program."
- Click "Show All."
- Choose today's date.
- Click "View Report."

SAMMS Reports

No Show Report

Criteria: Enrolled as of - 10/28/2015; Program: Show All
Sort: Default

MedMark Columbus
1301 Wymnton Court
Columbus, GA 31906

Run by: jcarmichael @ 10/29/2015 9:37:08 AM

ID	Client	Counselor	Last Day Dosed	Days
M111572	Scott Jr., Edward	Chaundia Poole	10/02/2015	26
M111584	Skeen, Wanda	Chaundia Poole	10/04/2015	24
M111890	Langford, Christopher	Chaundia Poole	10/12/2015	16
M111482	Marveta, Evelyn	Chaundia Poole	10/14/2015	14
M111575	Nonwood, Sherry	Mickina Averett	10/15/2015	13
M111340	Johnson, Cashanda	Mickina Averett	10/17/2015	11
M111501	Hayden, Dean	Chaundia Poole	10/22/2015	6
M111292	Mitchell, Kasha	Chaundia Poole	10/23/2015	5
M111108	Perez, Emily	Angela Jenkins	10/23/2015	5
M111504	Adkins, Stanley	Shatiah Dow-Reyes	10/24/2015	4
M111389	Bagley, Christy	Chaundia Poole	10/24/2015	4
M111187	Chambley, Jewell	Chaundia Poole	10/24/2015	4
M111177	Chambley, Judith	Jerry Jones	10/24/2015	4
M11G491	Derbfuss, Priscilla	Guest Doser	10/24/2015	4
M111227	Halstead, Anna	Chaundia Poole	10/24/2015	4
M111453	Johnson, Sandra	Jerry Jones	10/24/2015	4
M111492	Kendall, Brittany	Chaundia Poole	10/24/2015	4
M111202	Moseley, Tamera	Angela Jenkins	10/24/2015	4
M111475	Parks, Glenn	Jerry Jones	10/24/2015	4

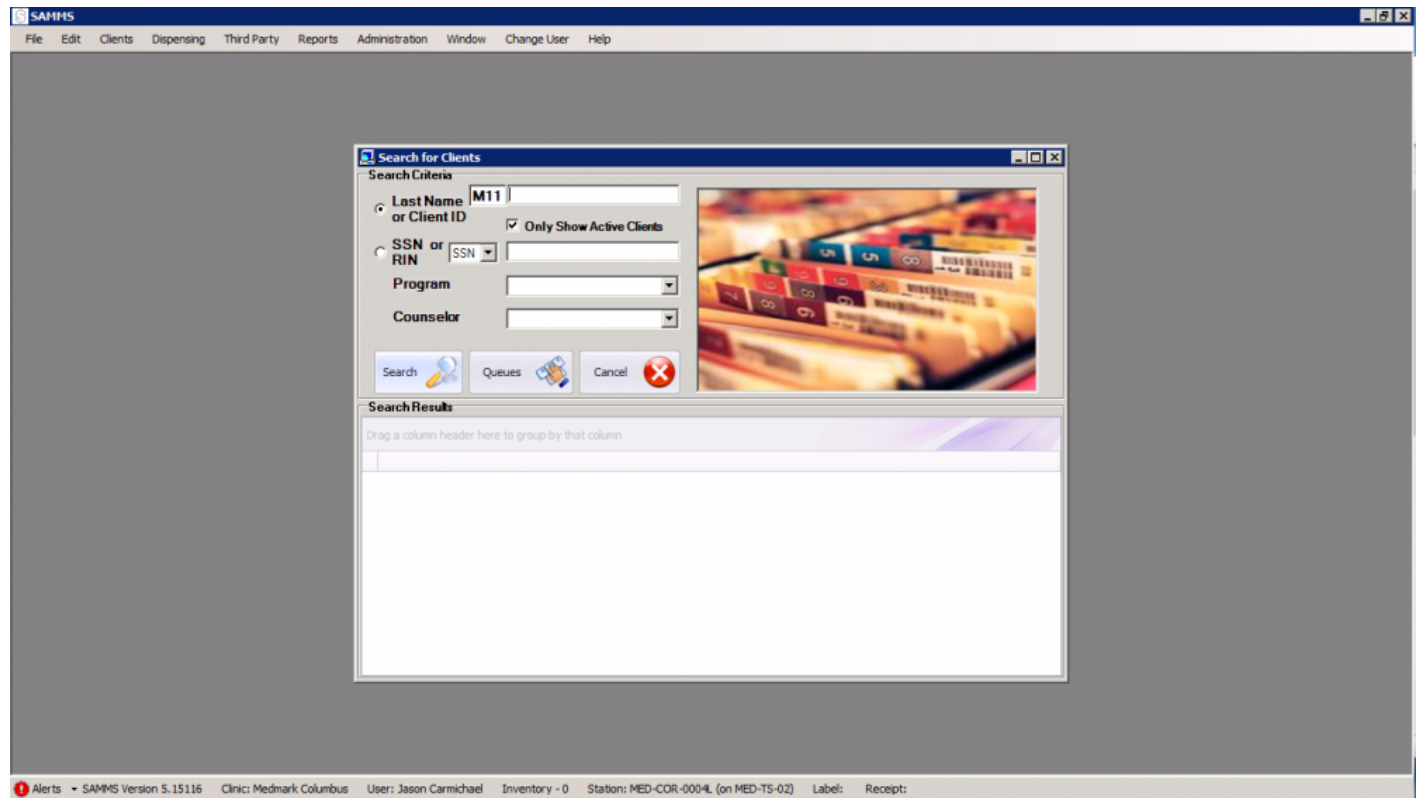
Page 1 of 2

- Print the "No Show report"
- Patients that have missed two (2) consecutive days require a missed medication call before the end of the second day (prior to the third day).

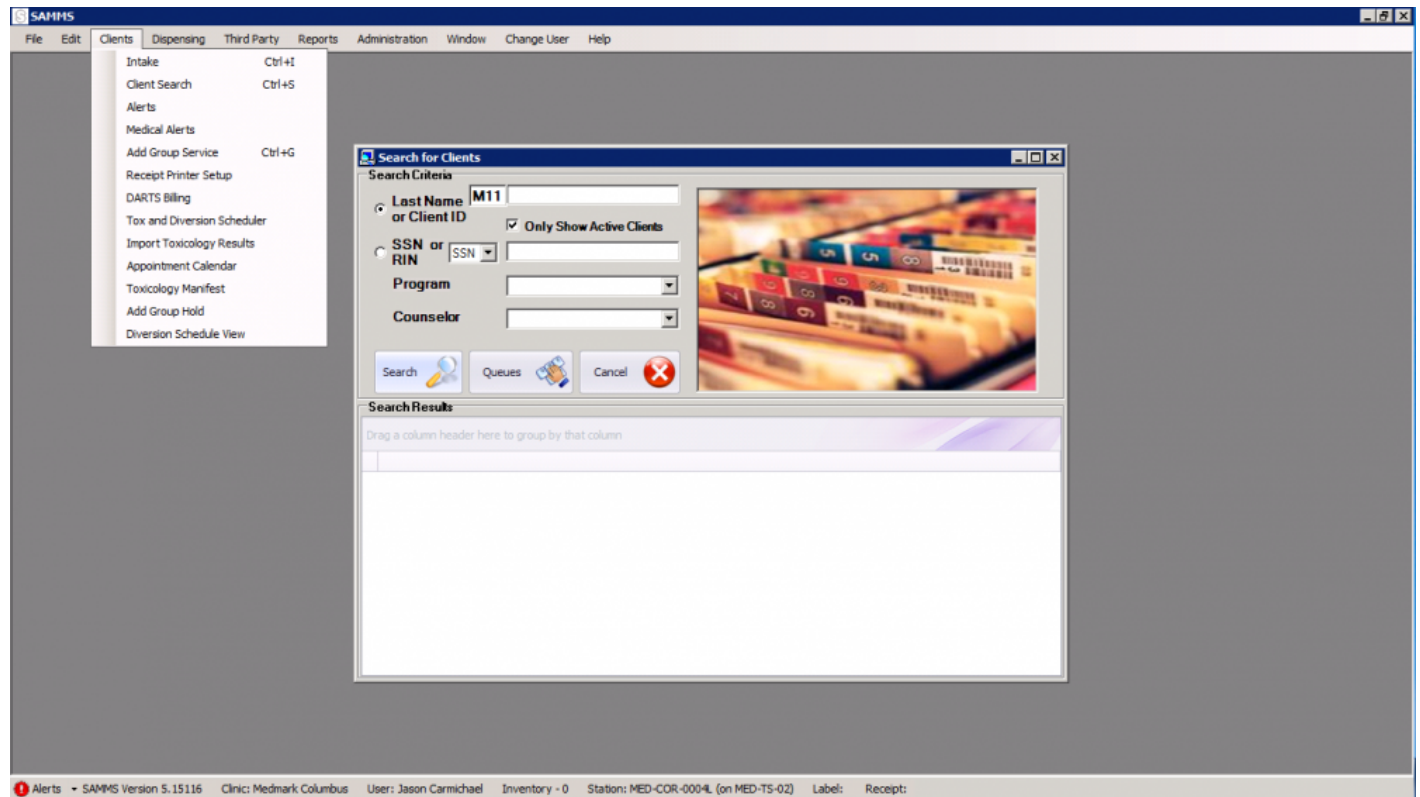
The screenshot displays the SAMMS software interface. The main window is titled "M1111438 Jennifer Cotton". The left sidebar contains a menu with options: Area (Clinical), Service (General Note, Group Counseling, Individual Counseling, Intake - Non Admission, Intake Note), Start Time (Missed Medication Call), End Time (Phone Call, Treatment Plan), and Units. The main form area includes fields for Signature, Co-Sign, Client Signature, Save, Cancel, Spell Check, Dimensions Covered (1-6), Service Modifier, Diagnosis (ICD-10), Entered On, Updated On, and Template. Below these fields is a "Schedule Next Service" section with a date picker set to Thursday, October 29, 2015, and checkboxes for "Add Hold", "Show at Nursing Station", and "Show at Front Desk". A "Service Notes" section is at the bottom left. The right side of the interface shows a table with columns for Counselor, Status, and Paper, with one row for "Chaundia Poole" and "Available". The bottom status bar shows "Alerts", "SAMMS Version 5.15278", "Clinic: MedMark Columbus", "User: Jason Carmichael", "Inventory: 0", "Station: MED-CCR-0004L (on MED-TS-G-1)", "Label: Receipt", and the date/time "10:04 AM 10/29/2015".

- Once the call has been made document the call under “Services” ? “Clinical” ? “Missed Medication Call”

Diversion- Take Home Call Back Procedure



- Click on the “Clients” button at the top of the screen.



- Click on “Diversion Schedule View”

Diversion Control

Client: Show All Program: Show All Fiscal Year: 2015
(FY = 7/1 prior TO 6/30 current)

Counselor: Show All

namemonth	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	
March	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	2	1	0	4	0	0	0	4	4	2	1	0	0	0	2
April	4	0	1	0	0	0	3	3	3	0	0	0	0	3	0	1	2	0	0	0	2	2	0	3	0	0	0	3	2	2	0	
May	1	0	0	0	2	2	2	0	0	0	0	0	2	2	2	5	0	0	0	3	4	2	3	0	0	0	4	0	1	1	0	0
June	0	5	1	1	3	0	0	0	1	5	0	4	0	0	0	1	4	3	4	0	0	0	2	1	1	2	0	0	0	1	0	

Alerts • SAMMS Version 5.15116 Clinic: Medmark Columbus User: Jason Carmichael Inventory - 0 Station: MED-COR-0004L (on MED-TS-02) Label: Receipt:

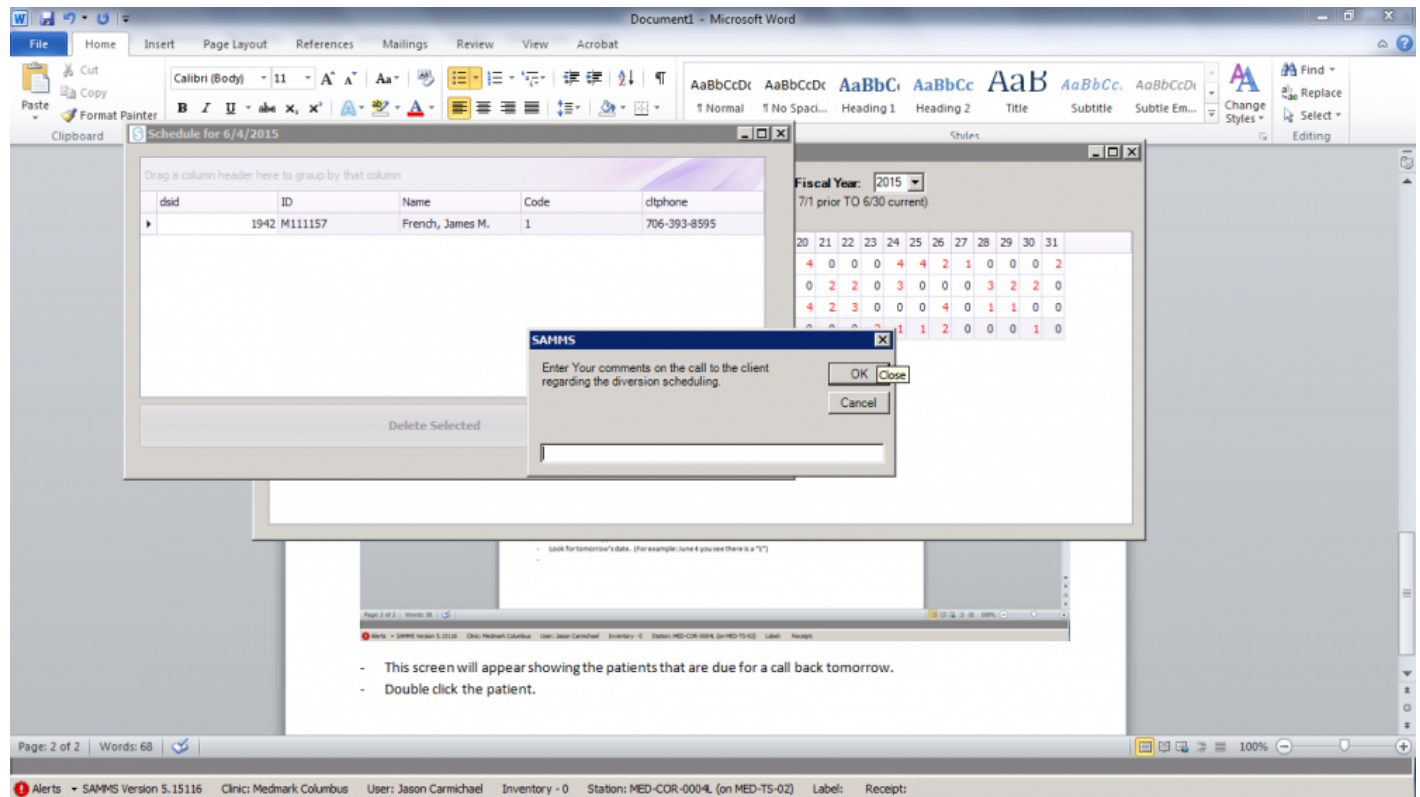
- This screen will appear.
- Look for **tomorrow's** date. (For example: If today is June 3, then June 4 you see there is a "1")
- Double click on the "1" in **tomorrow's** date.

The screenshot shows a Microsoft Word document titled 'Document1 - Microsoft Word'. The ribbon includes File, Home, Insert, Page Layout, References, Mailings, Review, View, and Acrobat. The 'Home' ribbon is active, showing font settings (Calibri (Body), 11) and paragraph settings. A 'Schedule for 6/4/2015' window is open, displaying a table with patient information:

dsid	ID	Name	Code	dtphone
1942	M1111157	French, James M.	1	706-393-8595

Below the table is a 'Delete Selected' button. To the right, a calendar grid for June 2015 is visible, showing dates from 20 to 31. The grid contains numbers indicating patient appointments, with some cells highlighted in red. The bottom status bar shows 'Page: 2 of 2 | Words: 38' and a system tray with 'Alerts', 'SAMMS Version 5.15116', 'Clinic: Medmark Columbus', 'User: Jason Carmichael', 'Inventory: 0', 'Station: MED-COR-0004L (on MED-TS-02)', 'Label: Receipt', and '100%' zoom.

- This screen will appear showing the patients that are due for a call back tomorrow.
- Double click the patient.



- Call the patient and type in the results of the call. (For example: "spoke with patient", "Left voice mail", etc.)
- Click "OK"
- That's it.

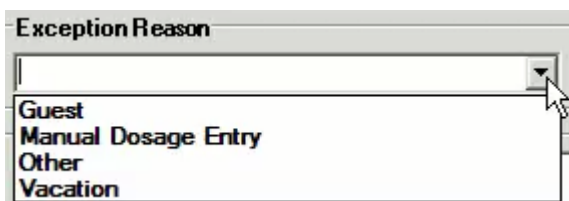
Exception Dose



Clients may be given exception doses to reasonably accommodate unusual circumstances. For example, a client may need to travel for a family emergency or be unable to leave home after surgery. An **Exception Dose** is medication dispensed in a manner that is different than usual for a specific period of time.

In the **Dispensing** tab of the SAMMS Main Menu select **Grant an Exception**.

- The **Exception Dose** screen displays.
- In the calendar, mark the date of the **Exception Dose**, for example, the date the client will be out of town and unavailable for a window dose.
- Enter the client's prescribed dose in **Dose Amount**.
- From the drop down menu, select the **Medication Type**.
- From the drop down menu, select the client's **Doctor**.
- Check the type of **Exception Dose**: **TakeHome**, **Bulk**, or **Prepack**.
- From the drop down menu, choose the reason for the **Exception Dose**.



Manual Dose Entry refers to a situation that can occur during a power failure. If staff provides a patient with medication using a manual pump because the computer system is not available, that dose is later recorded as a **Manual Dose**.

- Enter a reason for the **Exception Dose** in the **Exception Description** box.
- Enter start and end dates for the exception in **Add Date Range**.
- Click on **Process Exception**

Exception Dose

Exception Date(s) 10/22/2014 10/24/2014

Dose Amount 100 mg

Medication Type
Methadone Liquid

Doctor
Eldo Jones, MD

☒ Take Home ☐ Bulk
☐ Prepack

Exception Reason
Other

Exception Description
Work

Calendar: October, 2014
Today: 10/21/2014

Add Date Range
/22/2014 to /24/2014
Add Date Range

Process Exception Cancel

The **Confirm Dose** box will display with instructions.

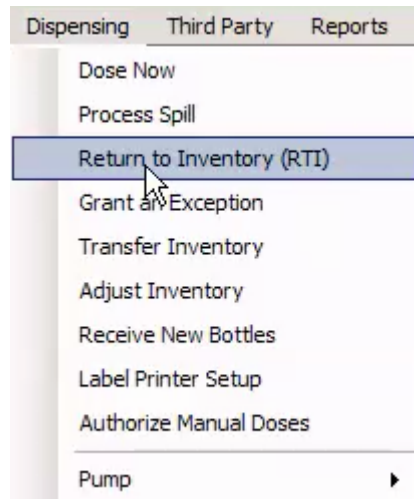
Confirm Dose

Please prepare an exception take home
drink of
100mg

Dispense

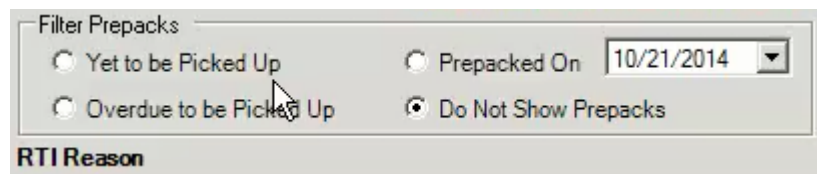
Return to Inventory

From the **Dispensing** tab of the **SAMMS Main Menu** click on **Return to Inventory (RTI)**.



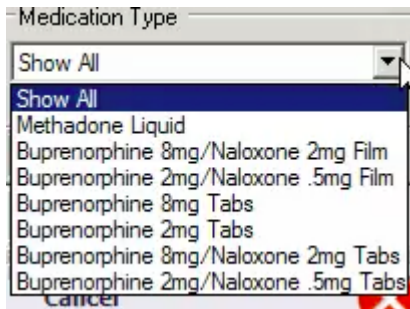
The **Return to Inventory** screen displays.

Filter Prepack are shown for returning medication to inventory.



- **Yet to be Picked Up** – refers to medication that was prepared in advance by a pharmacist, but will not be picked up today.
- **Overdue to be Picked Up** – refers to medication that was prepared for a client who did not receive it today.
- **Prepackaged on** is today's date.

From the drop down menu, select the **Medication Type** being returned.



- Check **Set back to **Prepack Status** only for use by the pharmacist in future dosing.
- Check **Return as Unit Dose** to keep in the nursing area to be dispensed.
- In **RTI Reason** enter the reason the medication is being returned to inventory.
- In the grid at the top of the screen, highlight medications being returned to inventory.
- Click on **Process RTI**.

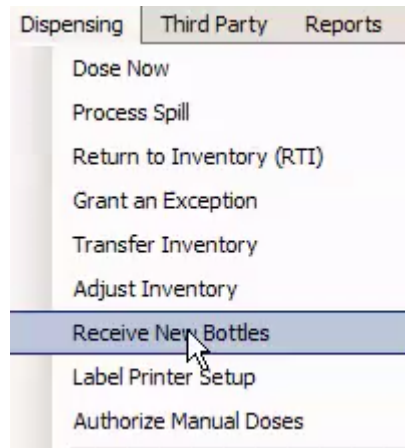


A box will confirm that the **RTI** is completed.

These doses will now be coded **R** for returned in the **Clinic Daily Activity** grid in the **Medication Dispensing** screen.

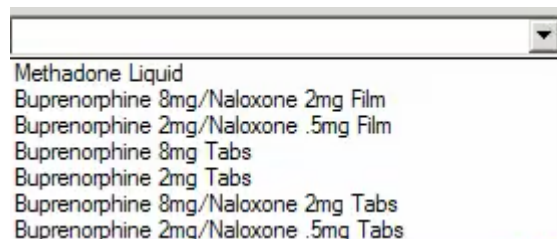
Receive New Inventory

In the **Dispensing** tab of the SAMMS Main Menu, select **Receive New Bottles**.



The **Receive New Inventory** screen displays.

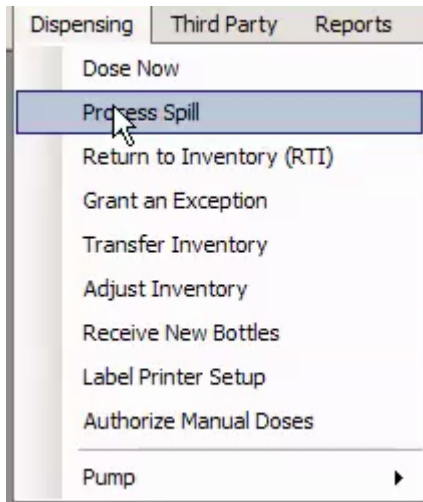
From the paperwork accompanying medication, enter the **DEA 222 Order Number** and the **Lot Number**. From the drop down menu select the **Type** of medication being received.



Enter the **Number of Bottles** being received.
Click on the **Receive Inventory** button.

Processing a Spill

From the **Dispensing** tab of the **SAMMS Main Menu**, click on **Process Spill**.



The **Process Spill** screen displays.

- A list of dispensed doses will display in the grid.
- Click on the spilled dose in the grid.
- Enter the reason for the spill in the **Spill Reason** box.
- Click on **Process Spill**
- A message displays telling you the Spill is completed.


Process Spill

Drag a column header here to group by that column

Client	Med Date	Dose	User
Amy Butcher	10/26/2014		95 jthorpe
Amy Butcher	10/25/2014		95 jthorpe
Amy Butcher	10/24/2014		95 jthorpe
Amy Butcher	10/23/2014		95 jthorpe
Amy Butcher	10/22/2014		95 jthorpe
Amy Butcher	10/21/2014		95 jthorpe
▶ Theron Andrewa	10/21/2014		125 jthorpe

Spill Reason

Pts cup tipped over at the window

Process Spill  **Cancel**

Spill

Spill completed

OK

Transfer Inventory



To **Transfer Inventory** is to exchange bottles being used.

In the **Dispensing** tab of SAMMS Main Menu, click on **Transfer Inventory**.
The **Transfer Inventory** box will display.

- From the drop down menu **Med Type**, select the type of medication being transferred.

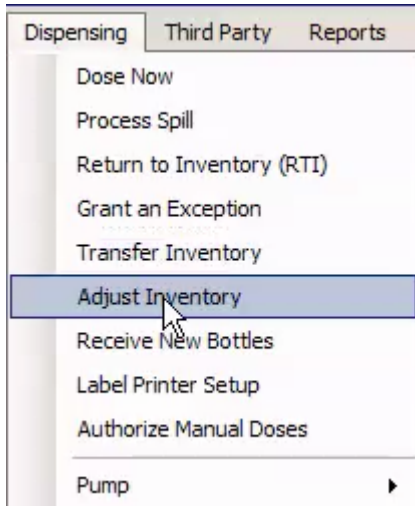
- In the drop down menu in **Transfer From** choose the open bottle you are transferring medication from
- In the drop down menu in **Transfer To** choose the bottle you will be transferring to.
- Enter the **Amount** of medication being transferred.
- Enter an explanation in **Remarks**.
- Click on the **Transfer** button.



Adjust Inventory

An **Adjust Inventory** records medication discrepancies.

From the **Dispensing** tab on SAMMS Main Menu, select **Adjust Inventory**.



The **Adjust Inventory** screen will display.

Adjust Inventory

Inventory Number: [dropdown]

Expected Quantity: xxxxx Mg

Actual Quantity: [text] Mg

Calc from Scale

Adjustment Category: [dropdown]

Remarks:

- Hand measured
- Methadone destroyed
- Spill

Adjustment Acknowledgement: Not Acknowledged

Acknowledgement

Adjust Inventory

Cancel

- From the drop down menu, select the **Inventory Number** of the open bottle you wish to adjust.

Bottle # 329

Bottle # 330

Bottle # 331

Bottle # 332

Bottle # 333

Bottle # 335

Bottle # 336

Bottle # 337

- Enter the **Actual Quantity** in milligrams.
- From the drop down menu, choose the **Reason** for the adjustment.

Hand measured

Methadone destroyed

Spill

- Enter any additional information in **Remarks**
- Click on **Adjust Inventory**.



Urine Drug Screen Results

- In the **Clients** tab, select **Toxicology and Diversion Scheduler** and the **Tox Schedule** screen will display.
- From the **Client** drop down menu, click on the patient's name and that client's schedule for urine testing will be shown in a grid.

Tox Schedule

Client: Program: Fiscal Year: ☐ Tox ☐ Diversion

(FY = 7/1 prior TO 6/30 current)

name	month	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
▶	August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
	September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	October	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	November	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	January	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	February	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
	March	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	April	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	May	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	

- Each row represents a month, and each column a day, for the time shown in the **Fiscal Year** box.



The **Fiscal Year** begins on the first day of July and ends on the last day of June the following year. Accordingly, from July until the end of December, the following year appears in the box.

- All the **1**'s shown in the box represent days when the client will receive random urinalysis.



Clients are not informed of testing before the date to encourage them to comply with their treatment plan.

- Click on the **Schedule** button to set the testing by default or to customize it to daily weekly, monthly, etc.

Cleaning the Pump

At the end of the day, nursing staff will clean the lines of the Methadone pumps with hot water, or a mixture of alcohol and water.

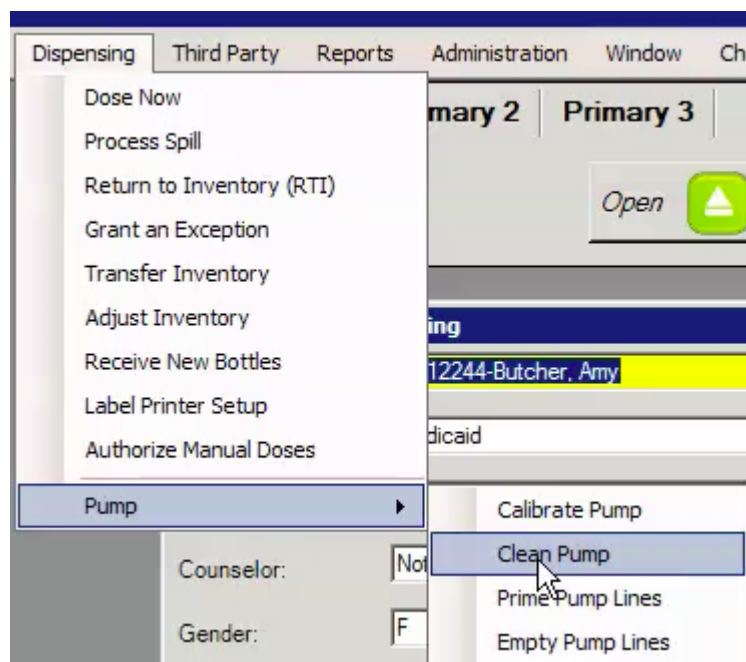
From the **Dispensing** tab in **SAMMS Main Menu**, place the cursor on ****Pump**.

From the submenu, click on **Clean the Pump**.

The system will run hot water, or the hot water/alcohol mixture through the lines in the Methadone pumps.

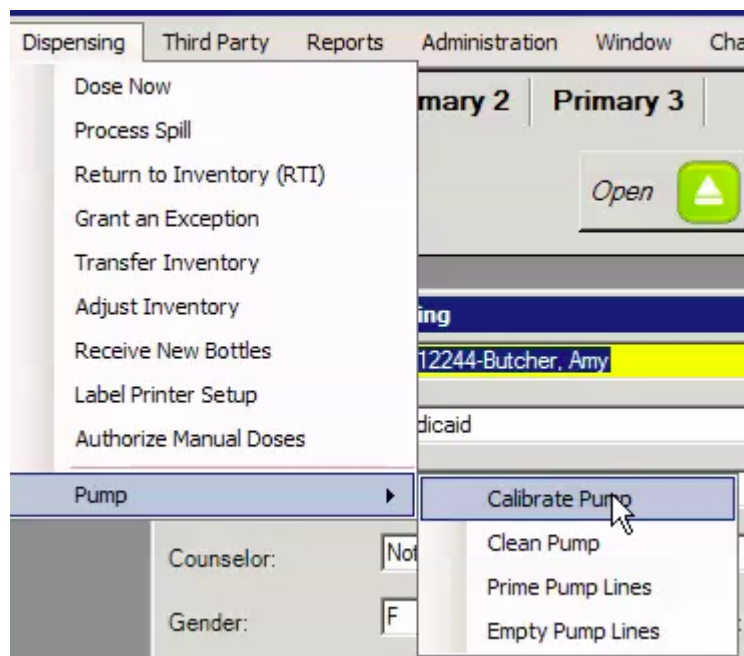
Continue running the liquid through the pumps until it runs clear.

The clear fluid will remain in the lines overnight.



Calibrate the Pump

The dispensing system is calibrated weekly.

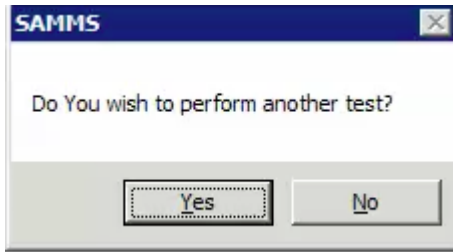


- In the **Dispensing** tab of Samms Main Menu, place the cursor on **Pump**.
- From the submenu, select **Calibrate Pump**.
- A box will display requesting you **Enter the amount of mg's to be dispensed**.
- Enter the the mg's and click **OK**.
- A box will display requesting you **Enter Amount Dispensed**.
- Use a syringe to measure the amount and enter it.
- Click on **OK**.



The amount of Methadone you requested the system to dispense should agree with the actual amount dispensed to ensure that pumps are dispensing correct doses.

- If the two amounts do **not** agree, you will be asked if you wish to repeat the test.



- Click **Yes** to repeat the test.



If the test continues to indicate that the calibration is incorrect, the pump must be serviced.

SAMMS will generate a report to confirm pump calibration. It is signed and added to paper files.



Addiction Severity Index

- In the **Clients** tab of the **SAMMS Main Menu**, click on **Client Search**. Search for the Client by **Last Name or Client ID** number in the **Search for Clients** screen. Double clicking on the patient's name in the grid will bring up the **Patient Info** tab in the patient's file.
- Click on the **Evals** tab and on the **Add ASI** button.

M012328 Billy Bow -



Client Info | Payment | Forms | **Evals** | RxOrders | Dosing Log | Holds/Appt | Testing | Services

Date/Time	Last CSR	Staff	Frequency	Next Review

Add Treatment Plan  **Delete treatment Plan** 



Substance Abuse Assessments

Date	RES	C...	E...	...	A...	SPI	MIL	ESP	F...	LEG	D1	D2	D3	D4	S...	D5	D6	C...

Add Assessment  **Delete Assessment Plan** 

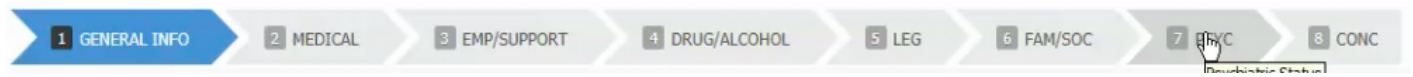
ASI

Interview Date	Created Date	Modified Date

Add ASI  **Delete Other** 

- The **SAMMS ASI System** window will display.

Tabs at the top indicate the information to be recorded.

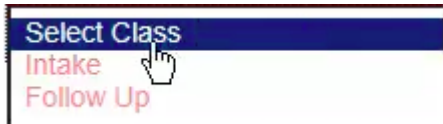


- General Information
- Medical status
- Employment support status
- Information about drug and alcohol use
- Legal issues
- Family and social relationships
- Psychiatric Status
- Conclusions

General Information will be entered first. [ASI – General Information >>](#)

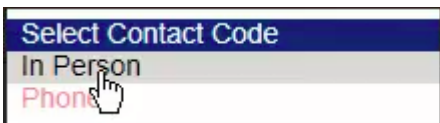
ASI – General Information

In the **General Information** section, enter the **Program Number** and the **Date of Interview** in a mm-dd-yyyy format. Enter the time the interview begins in the **Time Begun** box and record the end time of the interview in the **Time Ended** box. In the **Class** drop down menu, choose either **Intake** or **Follow Up**.



A screenshot of a dropdown menu titled "Select Class". The menu is open, showing two options: "Intake" and "Follow Up". A mouse cursor is pointing at the "Intake" option.

From the **Contact Code** drop down menu, select **In Person** or **Phone**.

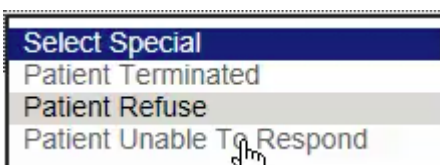


A screenshot of a dropdown menu titled "Select Contact Code". The menu is open, showing two options: "In Person" and "Phone". A mouse cursor is pointing at the "In Person" option.



The **Addiction Severity Index** assessment should always be done in person

- From the drop down menu, select **Gender**.
- At **Special**, from the drop down menu, select a reason that the client was unable to finish the ASI Assessment.



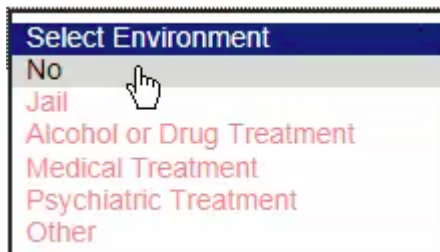
A screenshot of a dropdown menu titled "Select Special". The menu is open, showing three options: "Patient Terminated", "Patient Refuse", and "Patient Unable To Respond". A mouse cursor is pointing at the "Patient Unable To Respond" option.

- In **Years** and **Months**, enter how long the client has lived at his or her present address, and then whether or not the home is owned by the client.
- From the drop down menu, choose the patient's religious preference.



A screenshot of a software interface showing a dropdown menu titled "Select Religious Preference". The menu is open, displaying a list of options: Protestant, Catholic, Jewish, Islamic, Other, and None. A mouse cursor is positioned over the "Protestant" option.

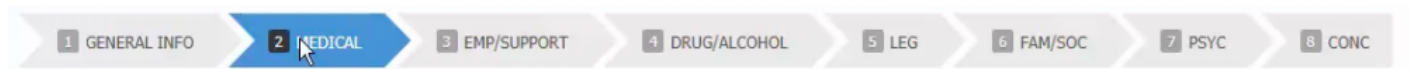
- If the client has been in a controlled environment during the last 30 days, indicate what type in the drop down menu. Record how many days.



A screenshot of a software interface showing a dropdown menu titled "Select Environment". The menu is open, displaying a list of options: No, Jail, Alcohol or Drug Treatment, Medical Treatment, Psychiatric Treatment, and Other. A mouse cursor is positioned over the "No" option.

- Use **Comments** to expand on any previous entries that might need further detail or explanation. For example, if the client had been in the hospital, record the reason.
- Click **Save** to be moved to the next screen. [ASI – Medical >>](#)

ASI – Medical



- After data is saved in **General Information**, you will be moved to the **Medical** tab.
- This form establishes the client's medical status.
- Enter numerals to answer the number of times the client has been hospitalized during his or her lifetime.
- Enter the length of time SINCE the most recent hospitalization in **Years** and **Months**.
- The next questions are answered by checking **Yes** or **No**. They ask whether the patient has a chronic medical condition, takes prescribed medication on a regular basis, and whether the client receives a disability pension.
- Enter a numeral to record how many days the client was bothered by these medical conditions during the past 30 days.
- From the drop down menu choose to what degree these medical problems have bothered the client for the past 30 days.
- Another drop down menu with the same options asks how important treatment for these conditions is to the client.

A screenshot of a dropdown menu. The title is 'Select Rating'. The options are: 'Not at all' (highlighted in blue), 'Slightly', 'Moderately', 'Considerably', and 'Extremely'. A mouse cursor is pointing at the 'Not at all' option.



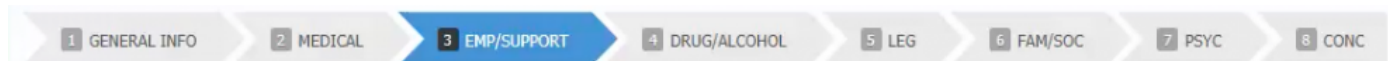
The last questions on the bottom of the **Medical** screen call for an assessment by the counselor.

- The counselor chooses an option from the drop down menu to rate the patient's need for medical treatment.

A screenshot of a dropdown menu. The title is 'Select patient Rating'. The options are: '0-1 No real problem, treatment not indicated' (highlighted in blue), '2-3 Slight problem, treatment probably not necessary', '4-5 Moderate problem, some treatment indicated', '6-7 Considerable problem, treatment necessary', and '8-9 Extreme problem, treatment absolutely necessary'. A mouse cursor is pointing at the '0-1 No real problem, treatment not indicated' option.

- The counselor makes a judgement as to whether the medical information may not be totally accurate because the patient is not being entirely honest or does not seem capable of understanding the questions being asked. Answer these questions by clicking on **Yes** or **No**.
- The **Comments** box will allow the counselor to expand on medical information, if for example, the client has multiple or complex medical issues.
- Click on **Save** and you will be moved to the next screen. [ASI – Employment/Support >>](#)

ASI – Employment/Support



The next screen will assess the current status of the client's employment and support.

- Enter the **Years** and **Months** of education the clients received.
- Enter the number of **Months** of technical education or training the client has.
- Check **Yes** or **No** to indicate if the client has a skilled trade or profession.
- If **Yes** enter the trade in the **Comment** box; for example: plumber or HVAC
- Check **Yes** or **No** to enter if the client has a valid driver's license and vehicle available for use.
- Record in **Years** and **Months** the length of the client's longest period of employment.
- Record the field that employment was in, or the client's usual occupation.
- Indicate **Yes** or **No** to the question of whether the client receives support from another person.
- From the drop down menu, indicate what the client's usual employment status has been for the last 3 years.
- Enter the number of **Days**, the client was paid for working over the past 30 days.
- Enter the amount in dollars income the client has received from various sources in the past 30 days.

How much money have you received from the following sources in the past 30 days?

Employment:	<input type="text" value="0"/>
Unemployment Compensation:	<input type="text" value="0"/>
DPA:	<input type="text" value="0"/>
Pension, benefits social security	<input type="text" value="0"/>
Mate, family, friends:	<input type="text" value="0"/>
Illegal:	<input type="text" value="0"/>

- Enter the **Number** of people who are dependent on the client for basic necessities including food and shelter.
- Enter the **Number** of days, the client experienced **Employment Problems** over the last 30 days.

- From the drop down menu, select **the degree** to which these employment problems have disturbed the client.
- From the drop down menu, select **how important** counseling is to address employment problems.



The last two questions on the bottom of the **Employment/Support** screen call for an assessment by the counselor.

- From the drop down menu, the counselor rates the clients need for employment counseling.
- The counselor rates the accuracy of the information on this screen based on an assessment of the client's veracity and ability to understand the questions.
- Add any comments related to the client's employment or outside support system in the **Comments** box.
- Click **Save** and be brought to the **Drug/Alcohol** screen. [ASI – Drug/Alcohol >>](#)

ASI – Drug/Alcohol



The chart at the top of the **Drug/Alcohol** screen records the client's use of intoxicating substances.

The first column lists the names of the substances and the degree of their use. They are: **Alcohol – Any use at all?**; **Alcohol – To intoxication**; **Heroin**; **Methadone**; **Other opiates/Analgesics**; **Barbiturates**; **Other Sedatives/Hypnotics/Tranquilizers**; **Cocaine**; **Amphetamines**; **Cannabis**; **Hallucinogens**; **Inhalants**; **More than one substance per day**.

The second column asks the counselor to record the **Number of Days** the client used the substance in the past 30 days.

The third column asks the counselor to recall the **Number of Years** the client used the substance over his or her lifetime.

The fourth column asks the counselor to record the **Route of Admission** the client used to ingest the substance. From the drop down menu, select how the client ingested the substance. If the client has not used a particular substance, leave the menu as **Select**.



- Beneath the chart, enter the **Name of the Substance** that causes the major problem for the client.
- Next to this, record the longest **Length of Time** the client was able to remain abstinent from this substance.
- Enter in **Number of Months** how long ago this abstinence ended.
- Record the **Number of Times** the client experienced **alcohol d.t.'s** or experienced a **Drug overdose**.
- Record the **Number of Times** the client was treated for **Alcohol Abuse** and/or **Drug Abuse**.
- Directly underneath these entries, record **How many times** these treatments were for **Detox only** for **Alcohol** and/or **Drugs**.
- Enter the **Number of Dollars** the patients recalls spending on **Alcohol** and **Drugs** during the past 30 days.

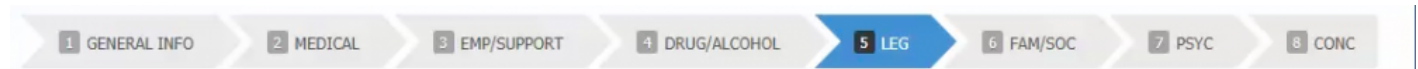
- Enter the **Number of Days** the client was treated at an Outpatient Facility during the last 30 days.
- Enter the **Number of Days** the client reports having **problems** with **Alcohol Problems** or **Drug Problems** during the last 30 days.
- From the drop down menu, choose the degree to which the client has been **troubled** during the last 30 days by **Alcohol** and/or **Drug**.
- From the drop down menu, choose how important the client considers treatment for Alcohol Abuse and Drug Abuse



The final questions on the ASI – Drugs /Alcohol screen call for an assessment by the counselor.

- From the individual drop down menus, rate the urgency of the client's need for treatment for **Alcohol Abuse** and **Drug Abuse**
- The counselor rates the accuracy of the information on this screen based on an assessment of the client's veracity and ability to understand the questions.
- Record any additional information in the **Comments** box.
- Click **Save** and the **Legal** Screen will display. [ASI – Legal >>](#)

ASI – Legal



Check **Yes** or **No** to record whether this admission was prompted or suggested by the legal system.

Check **Yes** or **No** to enter whether or not the client is on parole.

In the boxes enter the **Number** of times in his or her life that the client has been arrested and charged with any of the following crimes:

- **Shoplifting/vandalism**
- **Probation/parole violation**
- **Drug charges**
- **Forgery**
- **Weapons offense**
- **Burglary, larceny, B&E**
- **Robbery**
- **Assault**
- **Arson**
- **Rape**
- **Homicide, manslaughter**
- **Prostitution**
- **Contempt of Court**
- **Other**

Enter the **Number** of times these charges have resulted in a conviction.

Enter **Numbers** in the box to record how many times the client was arrested and charged with:

- **Disorderly conduct, vagrancy, public intoxication**
- **Driving while intoxicated**
- **Major driving violation**

Enter the **Number of months** the client has been **incarcerated** in his or her lifetime, and the **Number of months** of the previous incarceration.

Enter the **Reason** for the previous incarceration.

Check **Yes** or **No** as to whether the client is awaiting charges, trial, or sentencing.

Record the **Number of Days** the client was detained or incarcerated over the last 30 days.

Record the **Number of Days** the client spent during the last 30 days engaging in illegal activities for profit.

From the drop down menus, choose how **severe** the client considers present legal problems (excluding civil issues), and how **important** counseling or referral would be to address these issues.



The counselor is asked for an assessment at the bottom of the screen.

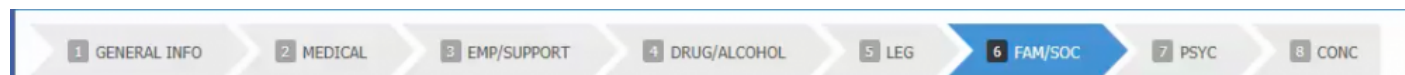
From the drop down menu, rate the client's **need for legal services or counseling**.

Rate the **accuracy of the information** on this screen based on an assessment of the client's veracity and ability to understand the questions.

Record any additional information related to the client's legal status in **Comments**.

Click on **Save** and continue to **The Family and Social Relationships** screen. [ASI – Family and Social Relationships >>](#)

ASI – Family and Social Relationships



From the drop down menu, choose the client's **Marital Status**.

Enter the number of **Years** and **Months** the client has been in the present status.

From the drop down menu, enter the client's **Level of satisfaction** with the current status.

From the drop down menu, choose the client's **Usual living arrangement** during the past 3 years.

Enter the number of **Years** and **Months** the client has lived in this arrangement.

From the drop down menu, enter whether the client is **Satisfied** with the current living situation.

Check **Yes** or **No** answering if the client presently lives with someone who has a **Current alcohol problem** or uses **Non-prescribed drugs**.

From the drop down menus, select with whom the clients spends most **Free time** and whether the client is **Satisfied** with this arrangement.

Enter the **Number of close friends** the client has.

Check **Yes** or **No** answering if the client has a close, personal relationship with the following people:

- | | | |
|-----------------------|---------------------------|-------------------------------------|
| Mother | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Father | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Brothers/Sisters | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Sexual Partner/Spouse | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Children | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Friends | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

Check **Yes** or **No** answering if the client has had **significant periods of serious problems** with any of the following people over the **last 30 days** or during the client's **lifetime**.

	Last 30 days	Life time
Mother	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Father	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Brother/Sister	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Sexual partner/spouse	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Children	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Other significant family member	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA
Close friends	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA
Neighbors	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Co-Workers	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA

Enter the **Number of days** the clients has experienced **Conflicts** with **Family** or **Other people**.

From the drop down menu, ask to what degree **Family Problems** and **Social Problems** have **Troubled or bothered** the client during the past 30 days.

From the drop down menu, ask how important the client considers **Treatment or counseling** for **Family problems** or **Social problems**.



The counselor is asked for an assessment at the bottom of the screen.

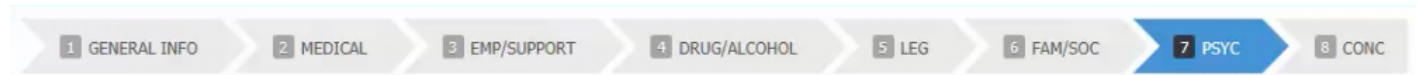
From the drop down menu, rate the client's **need for family or social counseling**.

Rate the **accuracy of the information** on this screen based on an assessment of the client's veracity and ability to understand the questions.

Record any additional information related to the client's family and social relationships in **Comments**.

Click on **Save** and continue to the **Psychiatric Status** screen. [ASI – Psychiatric Status >>](#)

ASI – Psychiatric Status



Enter the **Number of Days** the client has been treated for **psychological or emotional problems** in a hospital or out-patient setting.

Check **Yes** or **No** to record whether the client receives a **pension** for a **psychiatric disability**..

Check **Yes** or **No** to record whether the client has experienced episodes **not** directly related to substance abuse during the last 30 days or during the client's lifetime.

	Last 30 days	Life time
Experienced serious depression	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Experienced serious anxiety or tension	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Experienced hallucinations	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Experienced trouble understanding, concentrating or remembering	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Experienced trouble controlling violent behavior	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Experienced serious thought of suicide	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Attempted suicide	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Been prescribed medication for any psychological emotional problem	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Enter the **Number of Days** during the past 30 that the client has experienced these **psychological or emotional problems** and from the drop down menu, ask the client to rate the degree these episodes have **troubled or bothered** him or her.

From the drop down menu, ask the client to rate how important it is to receive **treatment** for these problems.



The final questions on the ASI – Psychiatric Status screen call for an assessment by the counselor.

Check **Yes** or **No** to record whether the client is:

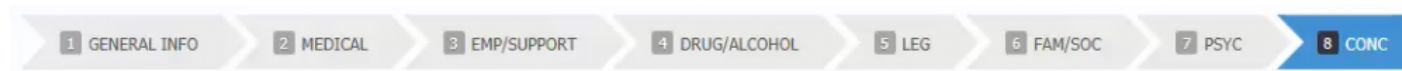
- Obviously depressed or withdrawn,
- Obviously hostile,
- Obviously anxious or nervous.

Check **Yes** or **No** to record whether the client is having trouble with:

- Reality testing, thought disorders, or paranoid thinking,
- Comprehending, concentrating, or remembering,
- Suicidal thoughts.

- From the drop down menu, select to what degree the client needs **Psychiatric or Psychological Treatment** .
- Rate the **accuracy of the information** on this screen based on an assessment of the client's veracity and ability to understand the questions.
- Record any additional information related to the client's legal status in **Comments**.
- Click on **Save** and continue to the **Conclusion** screen [ASI – Conclusion >>](#)

ASI – Conclusion



The **ASI – Conclusion** screen ask the counselor to summarize the assessment interview. The counselor enters a summary on various topics in the **Comment** boxes. The counselor will summarize and assess in the following areas:

- Information gathered related to the client's **Presenting problem**.
- The client's **Medical, Psychosocial, Spiritual, and Vocational** history, identifying co-occurring disabilities and/or disorders.
- The **client's personal perception of problems, needs, limitations and strengths**.
- The **counselor's assessment** of the client's strengths and weaknesses, limitations, needs and problems. Include **personal values and aspirations, accomplishments, interests, resources, and attributes**.
- The **counselor's assessment** of any positive or negative factors likely to affect treatment. Identify any particular **barriers to treatment**.
- The **treatment** recommended for this client, including **anticipated level, length, intensity**. The expected **goal** and **outcome** of treatment.
- **Additional Services** that might benefit this client, such as AA or NA.

The final section of this screen in a **SNAP summary**. The counselor enters assessments of the client's:

- **Strengths**
- **Needs**
- **Abilities**
- **Preferences**

The counselor enters the **patient's expectations from treatment**.

The counselor enters the **patient's expectations from staff**.

At this point the program will automatically generate a composite score based on entries in the ASI.

Tab Name	Score
Medical	0.00
Employment	0.50
Legal	0.00
Alcohol	0.00
Drug	0.00
Family	0.00
Psychiatric	0.00

- Click on **Export**.



Click **Open** in the box that displays.



Adobe Reader will display a printable PDF document of the ASI.

Addiction Severity Index

General Informations

Patient ID	2193	First Name	123
Last Name	aaaa	Assessment Id	48
Enrollment Date	May 29 2014 12:00AM	Gender	F
Program Number	464	Date Of Interview	2014-08-12
Time Begun	10:30:00.0000000	Time Ended	12:00:00.0000000
Date Of Birth		Created Date	Aug 12 2014 9:54AM
Modified Date	Oct 17 2014 1:54PM	How long have you lived at this address?	72

Print the form. At the bottom there is a place for the **Counselor**, the **Doctor** and the **Supervisor** to sign. This copy will be added to the patient's paper chart.

Counselor : _____

Doctor : _____

Supervisor : _____

Click **Save**. Data is saved and the counselor is brought to the **Eval** tab of the client's file in SAMMS.

Review or Amend an ASI

A new Addiction Severity Index must be completed periodically during the client's treatment. Regulations vary from state to state. A new ASI may be completed after a major event in a client's life.

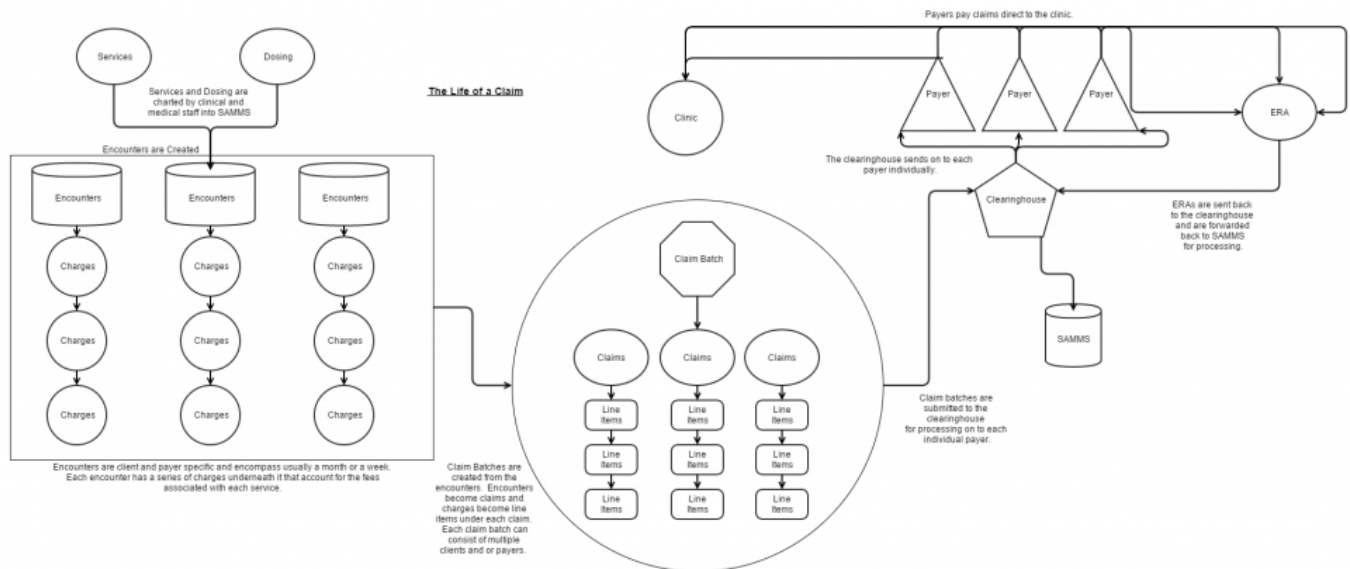
To review or amend an ASI, go to the **Eval** tab in the patient file.

Previous assessments will be shown in the ASI grid at the bottom of the screen.

ASI		
Interview Date	Created Date	Modified Date
▶ 8/12/2014	8/12/2014	8/12/2014

Double click on the ASI to open it.

Insurance Back End



You may click on the graphic above to get a visual representation of how clinic services are paid by **Third Party Payers**.

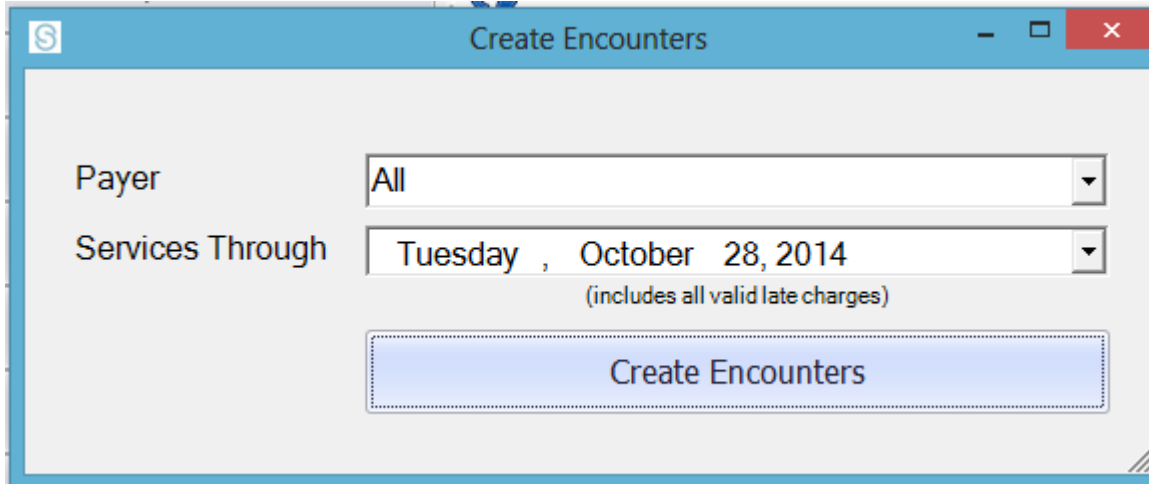
- First, **Encounters** are created. They are made up of previously unbilled charges for a stated time period that are specific to a particular client and **Third Party Payer**.
- **Claim Batches** are a group of selected **Encounters**.
- **Claim Batches** are sent to a **Clearinghouse**. The **Clearinghouse** will validate claims and charges, and forward them on to each individual **Third Party Payer**.
- The **Third Party Payer** sends an **ERA or Electronic Remittance Advice** to the clinic explaining which charges will be covered and listing the amounts covered.
- The **Third Party Payer** remits the payments back to the clinic directly.
- The **Third Party Payer** generates an **ERA (835)** and sends it back to the **Clearinghouse**.
- Last, the **Clearinghouse** forwards the **ERA (835)** back to SAMMS and the information is entered into the system.

- [Encounter Creation](#)
- [Third Party Encounter Detail Screen](#)
- [Creating Claims](#)
- [The Claims Screen](#)
- [Accounts Receivable – A/R](#)
- [Processing a Payment in A/R](#)

- [Third Party A/R Posting Definitions](#)
- [Batch Types](#)
- [Insurance Action Queue](#)

Encounter Creation

- In the **SAMMS Main Menu**, click on the **Third Party** tab.
- Select **Billing Queue**.
- Click on **Encounters** button, and the screen displays.
- Click on the **Create Encounters** Button and the box will display.



The screenshot shows a window titled "Create Encounters". Inside the window, there are two dropdown menus. The first is labeled "Payer" and has "All" selected. The second is labeled "Services Through" and has "Tuesday , October 28, 2014" selected. Below the second dropdown, there is a note in parentheses: "(includes all valid late charges)". At the bottom of the window is a large blue button with the text "Create Encounters".

In the **Payer** field, you may choose a single payer or **All** from the drop down menu.

- In the **Services Through** field, enter the last date you wish to include in the Encounter creation. The program will pick up any unbilled services up to that date, going as far back as it finds unbilled charges,
- Click on **Create Encounters**.
- The **Encounters** grid will display.

Third Party

Encounters

Client	Encounter	Encounter Date	Status	Charges	Peds	Paid	Balance
PH010099 - GOOD, ALAN							
PH010074 - COHEN, JOHN							
PH010148 - PIERCE, JOHN							
PH010185 - DOTY, SHERRY							
PH010200 - KEESLING, LORNA							
PH010203 - GADIES, CODY							
PH010290 - PLUMMER, JAYME							
PH010295 - WRIGHT, TRACEY							
PH010365 - SMITH, KENNETH							
PH010369 - PARROTT, JACOB							
PH010383 - CHAMBLESS, ANGELINA							
PH010384 - MARTIN, ROBERT							
PH010391 - GARCIA, BELINDA							
PH010403 - MACHEN, JAMYE							
PH010405 - MILLER, ELIZABETH							
PH010440 - RIPPSTEIN, TERESA							
PH010442 - RIPPSTEIN, RICHARD							
PH010443 - ROBINSON, RANDY							
PH010456 - WILLEY, JIMMY							
PH010461 - REW, LORRELL							
PH010476 - BASTON, JARICE							
PH010477 - LONG, WILLIE							
PH010505 - BROWN, JENNIFER							
PH010510 - BROWN, GLENDON							
PH010530 - SPOTER, ROSABRA							
PH010541 - HARRISON, TIFANY							
PH010551 - ROSS, DEANNA							
PH010552 - KELLEY, SARAHNA							
PH010562 - MARTINEZ IEL, DAVID							
PH010580 - WILKERSON, JOHNNIE							
PH010582 - LANG, NATALIE							
PH010639 - LYNCH, SUSAN							
PH010641 - SHAW, CHRIS							
PH010642 - BURDEN, WOLBERT							
PH010726 - FISHER, DALLAN							

Navigation: Payer Enrollments, Eligibility Check Failures, Authorizations, **Encounters**, Claims, AR, Reports

Status Bar: Create Encounters, Status: Show All, Create Claim with Selected Encounters

- Double click on an **Encounter** in the grid, and the **Third Party Encounter Detail** screen displays for review. [Third Party Encounter Detail Screen >>](#)

Third Party Encounter Detail Screen

Third Party Encounter Detail

Encounter Data
 Encounter #: 5123
 Encounter Dt: 6/1/2014
 Client: M010009 - GOOCH, ALAN
 DOB: 7/12/1986
 Payer CIN #

Coverage
 Primary: Amerigroup Community Care
 Secondary:
 Current Auth: 777777

Diagnoses

1	304.00	5		9	
2		6		10	
3		7		11	
4		8		12	

Buttons: Client Info, Insurance Info, Dosing Log, Services, Billing, Forms, Billable Services Report

Charges

Service Date...	Service Date...	Service	Proc	Units	Charge	Balance	Block: 19	Mod	POS	DX1	DX2	DX3	DX4
6/1/2014	6/1/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/2/2014	6/2/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/3/2014	6/3/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/4/2014	6/4/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/5/2014	6/5/2014	Window Dose	H0020	1	\$11.00	\$11.00		UA	11		1		
6/6/2014	6/6/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/6/2014	6/6/2014	Individual	H0004	2	\$41.57	\$41.57		HF	11		1		
6/7/2014	6/7/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		
6/8/2014	6/8/2014	Take Home D...	H0020	1	\$23.00	\$23.00		U1	11		1		

Notes/Change History ☒ Show Notes ☒ Show Changes

Type	Date/Time	User	Note

Copayments/Coinsurance

Date/Time	Amount	Description
6/2/2014 12:00 AM	\$20.00	Copay-Coinsurance

Summary

Total Charges	\$765.57
Voided Charges	\$0.00
Total with Voids	\$765.57
Client Payments	\$40.00
Insurance Payments	\$0.00
Total Payments	\$40.00
Patient Balance	\$0.00
Insurance Balance	\$725.57
Total Balance	\$725.57

Buttons: Add Encounter Note, Create New Encounter with Selected Line Item(s), Resubmit Encounter as Appeal, Resubmit Encounter as Void, Resubmit Encounter as New Claim, View as CMS1500

- The **Third Party Encounter Detail Screen** gives detailed information about the charges contained in any single Encounter. Several tasks may be performed on this screen.
- The **Encounter Data** box on the top left of the screen shows the **Encounter #**, **Encounter Date**, **Client Name** and Client Date of Birth **DOB**.
- The **Coverage** box in the center top of the screen shows the **Primary** and **Secondary** (if any) coverage carriers and the **Current Authorization** from the Third Party Payer.
- The **Diagnoses** box on the left side of the screen gives codes for any diagnoses the client has received.



The buttons above the **Charges** grid are a series of shortcuts that bring you to screens that may be useful when using the **Third Party Encounter Detail Screen**. Click on them to be taken to **Client Information**, **Insurance Information**, **Dosing Log**, **Services**, **Billing**, **Forms**, and the **Billable Services Report**.

The headers on the **Charges** grid are (from left to right): Start and End **Dates of Service**; the **Service** provided on that date; the **Procedure** code; **Units** represent a number of minutes in a block of service as defined by the Third Party Payer; the **Charge** for that service; the **Balance** currently due for the service; **MOD** modifier; **POS** Place of Service; and **DX 1 – 4** which record diagnoses.



Block 19 and entries to the right of **Block 19** may be changed. Any changes will display in the **Notes/Change History** box on the bottom left of the **Third Party Encounter Detail Screen**

To **Void** a charge, right click on it in the grid. A drop down menu will ask you to choose between:

- **Void the Charge** will highlight the charge in red on the grid and remove it from the client's total balance.
- **Void and Charge to Client** gives responsibility for this charge to the client and not the **Third Party Payer**. The charge will now be posted in the **Payment** screen of the client file. A box will display asking why the charge is being voided and added to the client. Give a brief explanation in the **Comments** box and click **OK**.



Any changes made in the **Charges** grid will be recorded in the **Notes/Change History** box and reflected in the **Summary** box at the right of the screen.

The **Summary** box gives a listing of charges in this **Encounter** and updates as changes are made.

- Clicking on the **Add Encounter Note** allows you to add a **Note** or **Tickler** to the file.

- A **Note** will show in the **Notes/Change History** box.
- A **Tickler** can be set as a reminder for a particular date and will be displayed in the **Action Queue**.

If the client was billed for **Copayments** or **Coinsurance** between the encounter creation date and last day of service, these amounts will be reflected in both the **Copayments/Coinsurance** box and in the **Summary** box.



If there was a change in the client's Third Party coverage at some time during the time period in this Encounter, you will need to move those charges to a new Encounter. Check the box(es) next to specific charges on the left side of the grid. Then click **Create New Encounter**. A new Encounter is created, and the charges are removed from this grid. The change will be shown in the **Notes/Change History** box and the new Encounter # will be displayed there.



Clicking on **Resubmit Encounter as an Appeal** will queue the Encounter to be added as an appeal (7) claim the next time claims are created.



Clicking on **Resubmit Encounter as Void** will queue the Encounter to be added as a void (8) the next time claims are created.



Clicking on **Resubmit Encounter as New Claim** will queue up the entire Encounter minus any voids the next time claims are created.

- Clicking on **View as CMS 1500** allows you to view this information on a **Form 1500 Health Insurance Claim Form**.

Creating Claims

Use the **Encounters** screen of the **Third Party** tab to create a **Claims Batch**

The screenshot displays the 'Third Party' tab in the SAMMS application, specifically the 'Encounters' screen. The main area shows a list of encounters for Client: PD10009 - GOOCH, ALAN. The list has columns for Encounter, Encounter Date, Status, Charges, Voids, Paid, and Balance. A sidebar on the left contains navigation links: Payer Enrollments, Eligibility Check Failures, Authorizations, Encounters, Claims, A/R, and Reports. At the bottom, there are buttons for 'Create Encounters', 'Status' (set to 'Show All'), and 'Create Claim with Selected Encounters'.

- To include an Encounter in the claim, check the box to the left of the Encounter number.
- To select all the Encounters for inclusion in this **Claim Batch**, check the top box left of the word **Encounter**.
- Click on the **Create Claims with Selected Encounters** button on the bottom of the screen.
- You will get a message telling you that the **Claim was Created**.
- Click on the **Claims** button on the left side of the screen to bring up the grid which lists created **Claims**. [The Claims Screen >>](#)

The Claims Screen

Claim Batch ID	Claim Date	Submit Type	Encounters	Clients	Line Items	Charges	Status
72	10/29/2014	837P - Clearinghouse		3	2	64	\$898.57 Claim Created
73	10/29/2014	837P - Clearinghouse		94	35	1588	\$20,105.47 Claim Created
74	10/29/2014	837P - Clearinghouse		5	2	94	\$1,618.13 Claim Created

The **Claims** screen displays claims by status.

You may select the claims you wish to display on the grid from the **Claim Status** drop down menu at the bottom left of the screen.

Headers along the top of the grid identify and describe the **Claim** by **Claim Batch ID**; **Claim Date**; **Submit Type**, the Number of **Encounters** in the **Claim**; the number of **Clients** in the **Claim**; the number of **Line Items** in the claim, the dollar amount of **Charges**; and the **Status** of the claim.

Double Clicking on any claim in the grid, displays the **View Encounters on Claim Batch** Screen.

A single click on any line in the grid on the **View Encounters on Claim Batch** Screen shows an **Electronic Data** Screen on the right side of the screen.

Double clicking on any line in the grid on the **View Encounters on Claim Batch** Screen displays the **Third Party Encounter Detail** Screen.

Accounts Receivable – A/R

A/R consists of examining benefit information and payments that come to the clinic, entering information into SAMMS, and resolving any issues that need to be addressed.

To access **A/R**, click on the **A/R** button on the left side of the **Third Party** screen.

The grid on the **Third Party billing – Batches** screen will automatically populate with claims that have already been paid.

- Click on **Begin New Manual Batch**.
- A **Begin New Batch** screen will display.

The screenshot shows the 'Third Party Billing - Batches' window. It contains a table with columns: Batch ID, Pmt Date, Pmt Amt, Post Date, Date Started, User, Status, Type, Payer, and Paid. The table lists three batches. Overlaid on this is the 'Begin New Batch' dialog box, which has fields for Payer (a dropdown), Batch Type (a dropdown), Date (a date picker set to Wednesday, October 29, 2014), Posting Date (a date picker set to Wednesday, October 29, 2014), Check Number (a text box), and Deposit Amount (a text box). There is a 'Begin New Batch' button with a green plus icon. The SAMMS logo is also visible in the dialog box. At the bottom of the main window, there are three buttons: 'Begin New Manual Batch' (with a green plus icon), 'Change Batch Amount' (with a green plus icon), and 'Import 835 EDI File to Create Batch' (with a green plus icon).

Batch ID	Pmt Date	Pmt Amt	Post Date	Date Started	User	Status	Type	Payer	Paid
29	10/29/2014	\$4,500.00	10/29/2014	10/29/2014	admin	Closed	Payment	Aetna Better H...	\$4,000.00
30	10/29/2014	\$5,000.00	10/29/2014	10/29/2014	admin	Open	Payment	Aetna Better H...	\$0.00
31	6/29/2014	\$5,000.00	10/29/2014	10/29/2014	admin	Open	Payment	Amerigroup Co...	\$12.00

- From the drop down menu, select the **Payer** who sent the payment to the clinic.
- From the drop down menu, select the **Batch Type**. When processing a Third Party check, select **Payment**.



To see definitions of other batch types click on: “

- From the drop down calendar, select the **Date** of the payment.
- From the drop down calendar, select the **Date** the payment will be posted.
- Enter the **Check number** in the field.
- Enter the **Deposit Amount** in dollars and cents,
- Click on **Begin New Batch**.

The **Third Party A/R** window displays. [Processing a Payment in A/R >>](#)

Processing a Payment in A/R

You will use the **Third Party A/R** window to apply the amounts shown on the **Explanation of Benefits – EOB** to billed charges in **SAMMS**.

ID	Client	Enc #	Enc Date	Charge Amt	Service	CPT	Charge Amt	Paid by Payer	Contractual Adj	General Adj	CoPay/Coins	Deduct	Charge to Client	Balance
M010612	HAUG, KRISTEN	5676	6/2/2014	\$30.00	Take Home Dose	H0020	\$10.00	\$0.00	\$12.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00
					Take Home Dose	H0020	\$10.00	\$0.00	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$1.00)
					Take Home Dose	H0020	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00
					Take Home Dose	H0020	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00
					Take Home Dose	H0020	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00

Date	User	Note
11/2/2014 10:48	admin	Pending Activity Added
11/2/2014 10:48	admin	Contractual Adjustment - \$11.00 - ANGI/Adjustment Contractual
11/2/2014 10:48	admin	General Adjustment - \$0.00 - ANGI/Adjustment Contractual
11/2/2014 11:05	admin	Pending Activity Added
11/2/2014 11:05	admin	Contractual Adjustment - \$11.00 - ANGI/Adjustment Contractual
11/2/2014 11:05	admin	General Adjustment - \$0.00 - ANGI/Adjustment Contractual
11/4/2014 8:13	admin	Pending Activity Added
11/4/2014 8:13	admin	Contractual Adjustment - \$1.00 - ANGI/Adjustment Contractual
11/4/2014 8:13	admin	General Adjustment - \$2.00 - ANGI/Adjustment Credit Adjustment

At the top of the screen, you will see the **Amount** of the check shown in dollars and cents in **Batch Amount**. The **Applied** amount will show as \$0.00 (zero) as no funds have as yet been applied. The entire amount will show as **Remaining**.

- To find the Encounters that are included in this check, click the **Search** button below the **Batch Amount** and the **Choose Encounter** box will display.
- Enter a **Client** last name as shown on the **EOB-Explanation of Benefits**, and click on **Search**
- The grid in the **Choose Encounter** box will display Encounters with charges from that client's claims.
- Highlight individual Encounters by clicking on the arrow on the left. You may highlight more than one, by holding the **control** key. on your keyboard.
- Click on **Select Encounters** and the **Choose Encounter** box will close
- In the **Third Party A/R window**, click on **Add to Batch** and the Encounters will be displayed in the upper left quarter of the screen.
- Clicking immediately to the left of the Encounters will highlight them and display details of the Encounter in the screen at the top right.
- In the screen at the top right, click immediately to the left of a **Service**. The charge will highlight and automatically populate fields at the bottom left of the screen.

- The **EOB** will explain how and why the charges have been paid or not paid.
- When the **Batch Balance** at the bottom left of the screen shows a balance, enter these charges into a field above it.



For an explanation of the codes used to reduce a **Batch Balance** to zero, visit [Third Party A/R Posting Definitions >>](#)

- Click on the **Save and Next Line** button at the bottom of the screen.
- In the grid on the right, any amounts adjusted and paid are now shown in the grid, and the balance at the far right of the grid shows as \$0.00.



The amount of the processed payment is added to the **Applied** amount and deducted from the **Remaining** amount at the top of the screen.

After clicking on the **Save and Next Line** button, the service detail directly below the one just processed is now highlighted and detail information for this charge is now shown in the box at the bottom left.

In addition to **Save and Next Line**, other buttons help you to navigate through the grid in the upper right corner of the screen.

- **Cancel Line** removes the highlighted service detail from the grid.
- **Previous Line** highlights the service detail above the last one you were working on.
- **Next Line** highlights the service detail immediately below the last one you were working on.



The task in the **Third Party A/R/** screen is to apply the payments, and any adjustments, and “zero out” the **Batch Balance**. When every line on the grid has been properly processed the **Applied** amount at the top of the page should equal the **Batch Amount** and the **Remaining** Amount should be \$0.00.

When All Amounts have been applied, and **Remaining** shows as \$0.00, click on **Post Batch** and the SAMMS system is updated.





Third Party A/R Posting Definitions

Third Party A/R Postings are used to satisfy the charges a client received for services at the clinic.

In the **Third Party A/R** screen, double click on the empty box next to a **Service** in the grid at the top right.

The service details will highlight in the grid and automatically populate fields at the bottom left of the screen. Other fields may not automatically populate. When applicable, you will need to enter amounts into one or more fields to properly apply all charges.

Payer	Right Care from Scott & White		
Charge Amount	\$2.00	ANSI/Adjustment	Action
Contractual Adj	\$0.00	45 - Charge exceeds fee schedule/r	
Gen Adj	\$0.00		
CoPay	\$0.00		
Coinsurance	\$0.00	Note	
Paid by Payer	\$2.00		
Deductible	\$0.00		
Charge to Client	\$0.00		
Batch Balance	\$0.00	Total Balance	\$0.00

 Save & Next Line
 Cancel Line
 Previous Line
 Next Line

The fields are:

- **Payer** – The payer is the private company or government agency that provides medical coverage to the client.
- **Charge Amount** – This is the amount that the clinic charges for a particular service.
- **Contractual Adj** – At times the Third Party Payer has a contractual agreement to pay less for the service than the amount the clinic charges. The clinic still bills the full price, but adjusts the amount after the payment is received. This difference between the amount billed and the amount allowed is entered into the **Contractual Adj** field, and a reason selected from the drop down menu on the right.

- **Gen Adj** – Adjustments to a client's charge may be made for reasons other than contractual agreements. The amount being adjusted would be entered here, and a reason selected from the drop down menu on the right.
- **Copay** – Many third Party Payer agreements call for a patient to pay a set amount at each visit. This amount is entered into the **Copay** field.
- **Coinsurance** – Many Third Party Payers only cover a percentage of services. For example, the Third Party Payer may only cover 80% of charges, and the other 20% is client responsibility. The amount of patient responsibility is entered in the **Coinsurance** field in dollars and cents.
- **Paid by Payer** The amount the Third Party Payer is including for this service in the check being processed is entered into the **Paid by Payer** field.
- **Deductible** – Many Third Party Payers only cover charges after a set annual amount is first paid by the client. This amount, often thousands of dollars, is referred to as a **Deductible**. When the clinic requests payment for a charge, the Payer does not pay it, but applies that amount to the client's **Deductible**. The client is responsible for all charges until his or her deductible is met.
- **Charge to Client** – This field directs SAMMS to add a charge to the **Payment** tab in a client file. The amount is the client's responsibility.



When the **Claim Batch** is posted, this charge will be shown in the **Payment** tab of the client file.

- **Batch Balance** – This is the total amount in dollars and cents that needs to be entered into one or more fields for the charge to be satisfied.

Buttons at the bottom of these fields help you to navigate the grid at the top right of the **Third Party A/R** screen.

- **Save and Next Line** saves any changes you may have made and updates the grid. The next service detail is automatically highlighted.
- **Cancel Line** removes the highlighted service detail from the grid.
- **Previous Line** highlights the service detail above the last one you were working on.
- **Next Line** highlights the service detail immediately below the last one you were working on.

Batch Types

Insurance Action Queue

Dosing Reports

SAMMS provides **Dosing Reports** to keep track of various clinic services and obligations.

- To access **Reports**, click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.



- [Bottle Record Report](#)
- [Bottle Control Sheet Report](#)
- [Daily Unit Summary Report](#)
- [Exceptions Report](#)
- [Rx Orders Changed Report](#)
- [No Show Report](#)
- [Dispense Record Report](#)
- [Dosing History Report](#)
- [Scheduled Dosing Log Report](#)
- [Rx Orders by Expiration Report](#)

Bottle Record Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Bottle Record**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



- The **Select Bottle** box displays.

Select Bottle

Enter the bottle number:

OK

Cancel

333

- Enter the bottle number and click **OK**.
- The **Bottle Record** report is generated.



Bottle Record

Bottle: 330

Sort: Default

MedMark Treatment Centers, Waco

2210 Washington Avenue

Waco, TX 76701

Run by: jthorpe @ 10/22/2014 11:41:10 AM

Date/Time	Station	Amount	Description	User
8/1/2014 4:34:44 PM	1	10000	BOTTLE OPEN	admin
8/1/2014 4:35:28 PM	1	-12	Dose	admin
8/1/2014 5:28:33 PM	1	9988	BOTTLE Close	admin

Page 1 of 1

The **Bottle Record** reports, lists:

- The date and time a bottle was opened;
- The station where it was opened;
- The amount of medication in the bottle when it was opened;
- The amounts and times medication was dispensed, and the user;
- The amount left when the bottle was closed;
- The time the bottle was closed and the user.

Bottle Control Sheet Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Bottle Control Sheet**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Bottle Control Sheet** report will be generated.
- The report will display all the bottles that were opened during the specified period by **number** and **lot**.
- The report shows dates and times when actions were taken regarding bottles, and specify the nurse.
- The report describes the action taken with a bottle.

Description

BOTTLE OPEN

BOTTLE OPEN

Transfer to - 336

BOTTLE OPEN

BOTTLE OPEN

Transfer from - 334

BOTTLE OPEN

Daily Unit Summary Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Daily Unit Summary**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Daily Unit Summary** report will be generated.

Exceptions Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Exceptions**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Exceptions** report will be generated.



The **Exceptions** report will list all **Exception** medications dispensed during the specified time period. It includes the **Client Name/ID Number**, the **Date** it was dispensed, the **Dose**, and exception **Code**, and the **Nurse's** name.

Codes are identified under the grid:

*Codes: E - Exception MU - Manual Unapproved M - Manual Approved

Rx Orders Changed Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Rx Orders Changed**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Rx Orders Changed** report will be generated.

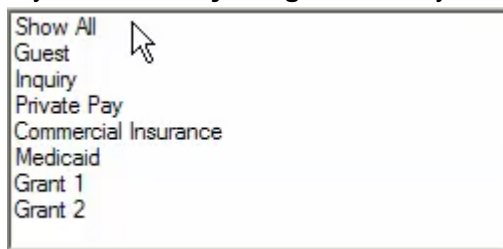
The **Rx Orders Changed** report allows nurses to confirm that all new orders for the specified period have been added to the SAMMS system.

The report displays:

- Client name and ID number;
- Name of the nurse who entered the change;
- Name of medication and dose;
- Order, effective and expiration dates of the order;
- Type of dosage
- Dosing scheduling code and schedule;
- Notes related to the change.

No Show Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **No Show Report**.
- In **Step 3: Select Criteria**, choose **By Program** or **By Counselor**.
- If you choose **By Program**, the system will ask you to specify:



- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **No Show Report** will be generated.

The **No Show Report** details information about clients who failed to show for medication, counseling or assessment. It lists:

- Client name and ID number;
- Counselor Name
- Last date the client received medication;
- Total number of days missed.

Dispense Record Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Dispense Record**.
- In **Step 3: Select Criteria**, choose the type of medication.



- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Dispense Record** report will be generated.

The **Dispense Record** report has information about the medication that was dispensed over the specified time period.

- Patient name and ID;
- Dispense date;
- Name of person who dispensed the medication;
- Medication name;
- Dose;
- Amount of medication consumed at window;
- Amount of medication taken home;

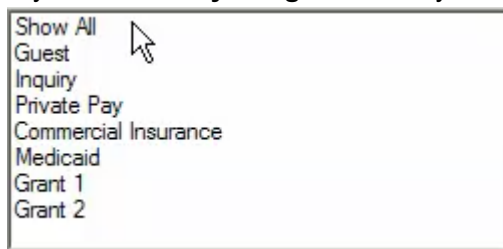
- Amount of medication spilled or vomited;



Various categories of medication amounts are totaled to allow for accurate accounting.

Dosing History Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Dosing History**.
- In **Step 3: Select Criteria**, choose **By Program** or **By Counselor**.
- If you choose **By Program**, the system will ask you to specify:



- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Dosing History** report will be generated.
- The **Dosing History** report gives the medication history for the specified group, including Client Name and ID Number, Medication Date and Type, Nurse's Name, and a description to the event, such as "Missed Dose".
- Dose **Types** are totaled to give an accurate picture of the **Dosing History**.

Scheduled Dosing Log Report



Each MedMark Clinic is connected to an off-site location to give access to records in the case of a power failure. The **Scheduled Dosing Log** Report can be printed each morning. This will allow staff to accurately dispense medication in the absence of electricity.

- To access the **Scheduled Dosing Log** report, click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Scheduled Dosing Log**.
- In **Step 3: Select Criteria**, choose the type of medication.



- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Scheduled Dosing Log** report will be generated.
- The **Scheduled Dosing Log** report will list **Client's Name and ID Numbers** in alphabetical order by last name.
- **Client Scheduling Type** and **Medication Amount** will be listed for each day of the specified period.



It is the expectation of the states where our clinics are located that MedMark have a plan to treat patients during emergency situations in the absence of electric power.

Rx Orders by Expiration Report

- Click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
- The **SAMMS Reports** screen displays.
- In **Step 1: Select Report Category**, select **Dosing**.
- In **Step 2: Select Report**, select **Rx Orders by Expiration**.
- For **Step 5: Set Report Date**, from the drop down calendar, select the **Start Date**.
- From the drop down calendar, select the **End Date**.
- For **Step 6: View or Print Report** click on **View Report**.

View Report



For daily reports, the **Start Date** and **End Date** will be the same.

- The **Rx Orders by Expiration** report will be generated.



The **Rx Orders by Expiration** report allows you to see which client's orders will be expiring soon, and take appropriate action.

The report lists **Client Name and ID** in the order their order will expire. Those closest to expiration date are listed first, along with the **Expiration Date**. It also lists:

- Name of Medication
- Dosing Type
- Dosing Schedule Code
- Counselor's Name

Treatment Plan – Diagnosis

Adding a Treatment Plan – Diagnosis

The **Treatment Plan** screen opens in the **Diagnosis** tab.

- In the **Treatment Plan Information** section at the top left of the screen, complete the following fields:
- The **Date of Enrollment** will be shown as the day the client was admitted to the program.
- From the drop down menu , select **Review Frequency**, that is how often the treatment plan is to be reviewed and reevaluated. **Review Frequency** is determined by state regulations.



In **Patients meets continued stay criteria for**, select **Level 1 OMT maintenance**.



New clients do not qualify for take home privileges.

In the box **Justification for Takehome Privileges**, enter “**Does not meet criteria for take home at this time**” or similar words to express that idea.

From the drop down menus, choose the frequency the client is to meet for **Individual** counseling and **Group** counseling as determined by counseling staff.

In the **Treatment Plan Action** section at the top middle the screen, select **TP Created** for the **Action** field. The **Date of Review** is the date the Treatment Plan was created.

Next Scheduled Review is populated by the system based on the already entered **Review Frequency**.



The following fields are required and are based on the client's previously completed assessment.

Enter the client's **Preferences**.

Enter the client's **Strengths**.

Enter the client's **Abilities**.

In **Receives InHouse Services**, note the services the client is presently receiving, for example **Medication and Counseling**.

In **Needs InHouse Services**, record any services that need to be provided to the client or enter **None**.

Enter any alternative services the client may receive, such as faith-based counseling or AA, in **Receives Alt Services** or enter **None**.

In **Needs Alt Services** enter any alternative services that the client needs for treatment, or enter **None**.

Assistive Technologies would include wheelchairs, hearing aids and other devices the clients uses to address a disability, or enter ****None**”.

Education Plan is optional. Enter information related to education the client will receive in the clinical setting. For example, “**Educate patient on methadone treatment.**”

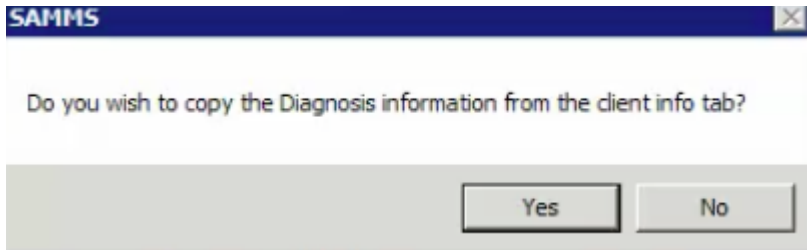
Interpretive Summary has been completed elsewhere, and may be left blank.

Click **Save** to save data.

After information has been saved, a grid will appear under **Treatment Plan Action** showing the new plan.

Under **DSM IV TR Diagnostic Impression and Mental Health Axis**, click on **Add Item**.

The following box will appear:



Click **Yes**

From the drop down menu, enter the primary diagnosis code as determined by the client's physician.

Click **Add item** to add one or more secondary diagnoses.

When this information is entered move to the **Dimensions** tab. [Treatment Plan – Dimensions >>](#)

Treatment Plan – Dimensions



[Click here for definitions of ASAM Dimensions: “](#)

- In **Treatment Plan** click on the **Dimensions** tab.
- Click on **Add Tx Plan Item** and the **Treatment Plan Item** box displays.
- From the drop down menu in **Dimension**, select **Dimension 1**.
- The **Item Date** will populate automatically.
- The client's current problem will be entered in the **Problem** box.
- The goal sought regarding this problem is entered into the **Goal** box.

- Click **Save**.
- The **Treatment Plan Objective/Intervention** box displays.

Treatment Plan Objective/Intervention

Objective/Intervention: Choose from List

Patient will attend clinic daily and take medication as prescribed./ Staff will encourage patient to attend clinic daily and will observe patient for withdrawal symptoms.

Modality: Individual

Target Date: 10/20/2014

Provided By: Counselor

Freq/Duration: 4/month

Completion Date: ☐ 10/20/2014
(uncheck if ongoing)

Save Cancel

- In the **Objective/Intervention** box, enter specific action the patient and the staff will take to address this problem.
- From the drop down menu in **Modality**, select whether the problem is being addressed in a **Group** or **Individual** setting.
- The **Target Date** will automatically populate with the date of the next Treatment Plan.
- In the **Provider** box, enter who will be helping the patient address this issue.
- In **Freq/Duration**, enter how often the Provider will work with the patient.



The **Completion Date** box remains unchecked until the objective is met, and then the date of completion is entered.

Click on **Save**

Dimension 1 displays in a grid in the **Dimensions** tab.

Dimension 1 10/20/2014

Problem: Patient exhibiting extreme withdrawal symptoms

Goal: Reduce or eliminate withdrawal symptoms.

Add CSR Add Objective

Objectives				
Target Date: Oct 20 2014	Modality: Individual	Frequency: 4/month	Provided By: Counselor	Completi...
Objective: Patient will attend clinic daily and take medication as prescribed./ Staff will encourage patient to attend clinic daily and...				

- To add more Problems, Goals, and Objectives related to Dimension 1, click on **Add Tx Plan Item** and choose **Dimension 1** from the drop down menu.

- To add **Dimension 2**, click on **Add Tx Plan Item** and repeat the process. for Dimension 2
- Even if there is no present **Problem** or **Goal** for a Dimension, that information must still be entered in the boxes.



All Six Dimensions must be entered the the **Treatment Plan** at this time.

When the Dimensions have been entered, and saved. it is time to sign the **Treatment Plan** and add it to the patient's paper chart.

See [ASAM Dimensions Definitions >>](#)

ASAM Dimensions Definitions

American Society of Addiction Medicine

Six Dimensions of ASAM

Dimension 1 – Acute Intoxication and Withdrawal

Dimension 2 – Biomedical Conditions/Complications

Dimension 3 – Cognitive/Behavioral/ Emotional Conditions

Dimension 4 – Readiness/Motivation

Dimension 5 – Relapse, Continued Use, Continued Problem

Dimension 6 – Recovery Environment

Signing the Treatment Plan

When the Problems, Goals and Interventions in the **Dimensions** tab have been entered and saved, return to the **Diagnosis** tab in the client's **Treatment Plan**.

- Click on **Action Type** in the grid in the **Treatment Plan Action** box.

Treatment Plan Actions			
Action Type	Review On	Next Review	Is Approved
TP Created	10/20/2014	11/19/2014	<input type="checkbox"/>



Electronic signatures have been saved in SAMMS.

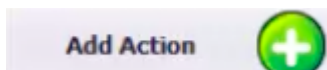
Signatures			
Signatures for 10/20/2014 TP Created			
Client		Supervisor	
Sign	<input type="text"/>	Sign	<input type="text"/>
Counselor		Physician	
Sign	<input type="text"/>	Sign	<input type="text"/>

- The Counselor clicks on **Sign** next to the Counselor box and the box will populate with the stored signature.
- After the **Treatment Plan** has been reviewed with the Client, click on **Sign**. The patient will sign on a signature pad, and that signature will be saved in the system.
- The **Treatment Plan** will go into a queue, and the **Supervisor** and **Physician** will review and sign it.
- When the Counselor, Client, Supervisor and Physician have all signed the **Treatment Plan**, it is printed and added to the client's paper chart.

Treatment Plan Review – Diagnosis

Treatment Plans are reviewed on a regular schedule.

- Click on the **Clients** tab from the **Samms Main Menu**.
- Select **Client Search** and the **Search for Clients** box displays.
- Search for the Client by **Last Name or Client ID** and click on the name in the grid.
- Click on the **Evals** tab in the client's file.
- Double click on the treatment plan being reviewed.
- The **Treatment Plan** screen will display.
- Click on **Add Action**.



The **Treatment Plans Action** box will display.

- From the drop down menu in the **Action** box, select **CSR**. (Continued Stay Review).

A screenshot of a software window titled "Treatment Plan Actions". The window has a light gray background and a blue title bar. It contains three input fields: "Action:" with a dropdown menu showing "TP Created", "CSR" (highlighted), and "Discharge"; "Date of Review:" with a dropdown menu showing "11/19/2014"; and "Next Scheduled Review:" with a dropdown menu showing "11/19/2014". At the bottom, there are two buttons: "Save" with a green document icon and "Cancel" with a red X icon.

- The **Date of Review** will populate.
- The **Next Scheduled Review** is based on the already entered **Review Frequency**.
- Click on **Save** and the CSR is added to the grid in **Treatment Plan Actions**.
- The Client will remain in **Level 1 OMT Maintenance** until ready for discharge.
- Enter any change to the client's **Justification for TakeHome Privileges**.

Justification for Takehome Privileges

Patient has met the 8 point criteria for 1 take home.]

- **Counseling Frequency** may be changed at this time.
- **Preferences, Strengths, Abilities**, as well as need for **Inhouse** and **Alternative Services** and **Assistive Technologies** may be updated if necessary.



The **Education Plan** is changed for each CSR based on the client's diagnosis.

- Click on the **Dimensions** tab and the **Dimensions** screen will display to be updated. [Treatment Plan Review – Dimensions >>](#)

Treatment Plan Review – Dimensions

- In the **Treatment Plan** of the client file, click on the **Dimensions** tab and the **Dimensions** screen will display.



[Click here for a list of ASAM Dimensions definitions “](#)

- For Dimension 1, click on **Add CSR**.
- The **Treatment Plan Item** box will display.
- If the problem referred to in Dimension 1 has been resolved, check **No further action required on this item**.
- Enter that the problem is not presenting at this time in the **Problem** box.
- Enter that there is no goal at this time in the **Goal** box.
- Enter that the issue has resolved in the **Continuance Recommendation** box.
- Click **Save**.

Treatment Plan Item

Dimension: Dimension 1 Item Type: CSR Revision

Item Date: 10/20/2014 ☒ No further action required on this item

Problem: No identified problem at this time.
[choose from list](#)

Goal: No goal identified at this time.
[choose from list](#)

Continuance Recommendation: Patient is not exhibiting withdrawal symptoms at this time.

Save **Cancel**

If a client has experienced a change in any Dimension, this is recorded.

- The new **Problem/Goal** will exhibit in the grid on the **Dimension** tab.
- Click on **Add Objective** and the **Treatment Plan Objective/Intervention** box will display.
- Enter what **Objective** or **Intervention** is planned to address this problem.



The **Objective/Intervention** has two parts. First the role the client will play, and then the role staff will play in addressing the issue at hand.

- From the drop down menu, select the **Modality** as either **Individual** or **Group**.
- Enter the title of the staff member who will be working with the client to meet this objective, for example, **Counselor**.
- Record the **Frequency** staff will work with client on this problem.
- Uncheck **Completion Date** as this new problem is still not resolved.
- Click **Save** and the **Objective/Intervention** will appear in the **Dimensions** grid.



Each of the 6 **Dimensions** is evaluated, as part of the **Continued Stay Review**.

When each of the 6 **Dimensions** has been reviewed, click on **Save**, and return to the **Diagnosis** tab of the client **Treatment Plan**

Click on the completed **CSR** in the **Treatment Plan Action** box on the screen and the **CSR** is read to be signed.

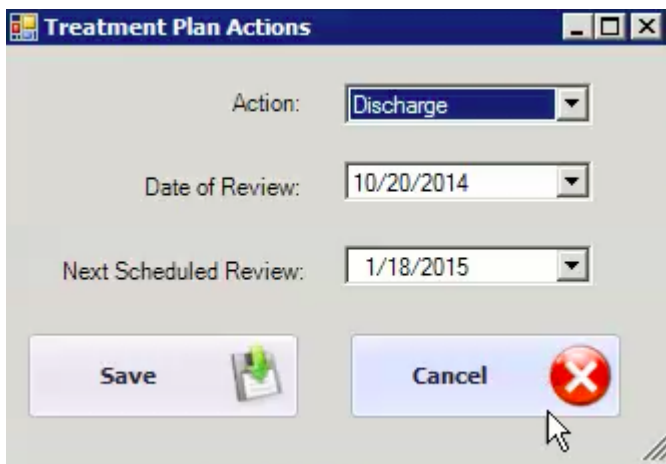


[Click here for signing instructions.](#)

When the **CSR** is signed, it will be printed and added to the client's paper chart.

Discharging a Client

- Click on the **Clients** tab from the **SAMMS Main Menu**.
- Select **Client Search** and the **Search for Clients** box displays.
- Search for the Client by **Last Name or Client ID** and click on the name in the grid.
- Click on the **Evals** tab.
- Click on the Treatment Plan in the grid and the **Diagnosis** screen will display.
- Click on **Add Action** and the **Treatment Plan Action** box will display.
- From the **Action** drop down menu, select **Discharge**.



- Click **Save** opening the **Discharge Summary** tab.
- Select the **Current condition** from the drop down menu.



In most cases the **Current Condition** is ****304.00 Opioid type dependence, unspecified**. Typically the **Current Condition** and the **Presenting condition** are the same.

The **Patient Summary** at the top of the screen automatically populates and requires no action from the counselor.

- From the drop down menu, choose the **Discharge Reason**.

Discharge Reason:	
S strengths	Incarcerated
N none	Internal Transfer
A abilities	Modality Change
P preferences	No Show
Summary of Services Provided	Non-Payment of Fees
	Transfer Out - Competitor
	Transfer Out - Other Medmark
	Transfer Out -Relocation

- Click on the **Summary of Services Provided** button, and the **Summary of Services Provided** box will display.
- Enter a summary of the services the client received from the clinic, and click on **Save**.

Summary of Services Provided

patient received daily medication. Patient received individual counseling 4/mo and group counseling 1/mo.

Save

- The **Summary of Services Provided** button will now be green to indicate that the information has been entered.
- Click on the **Summary of Progress in Treatment** button and the **Summary of Progress in Treatment** box will display.
- Enter a brief summary of the progress the client made in treatment and click **Save**.
- The **Summary of Progress in Treatment** button will now be green.
- Click on the **Summary of Progress Towards Goals** button and the **Summary of Progress Towards Goals** box will display.
- Enter a brief summary of goals that the client has or has not met, and click **Save**.
- The **Summary of Progress Towards Goals** button will be green.

- Click on the **Recommendations/Referrals/Follow-up** button and the **Recommendations/Referrals/Follow-up** screen will display.
- Enter any ongoing services that the counselor recommends the client should be receiving, and click **Save**.
- The **Recommendations/Referrals/Follow-up** button will now be green.

Summary of Services Provided	Summary of Progress in Treatment	Summary of Progress Towards Goals	Recommendations/Referrals/Follow-up
------------------------------	----------------------------------	-----------------------------------	-------------------------------------

- Return to the **Diagnosis** tab and click on the **Discharge** in the **Treatment Actions Plan** grid.
- The **Discharge** will be signed by the Counselor, Supervisor, and Physician. Typically the Client does NOT sign the discharge as he or she has already left treatment.
- For instructions in using the signature capture, see **Signing the Treatment Plan** in the **Treatment Plan** section of this manual.

When all the signatures are in place, **Print** the discharge and add it to the client's paper file.

The **Services** tab in the client file....

- Click on the **Services** tab, and the **Services** screen displays.
- Click on **Add Service**.



Financial Reports

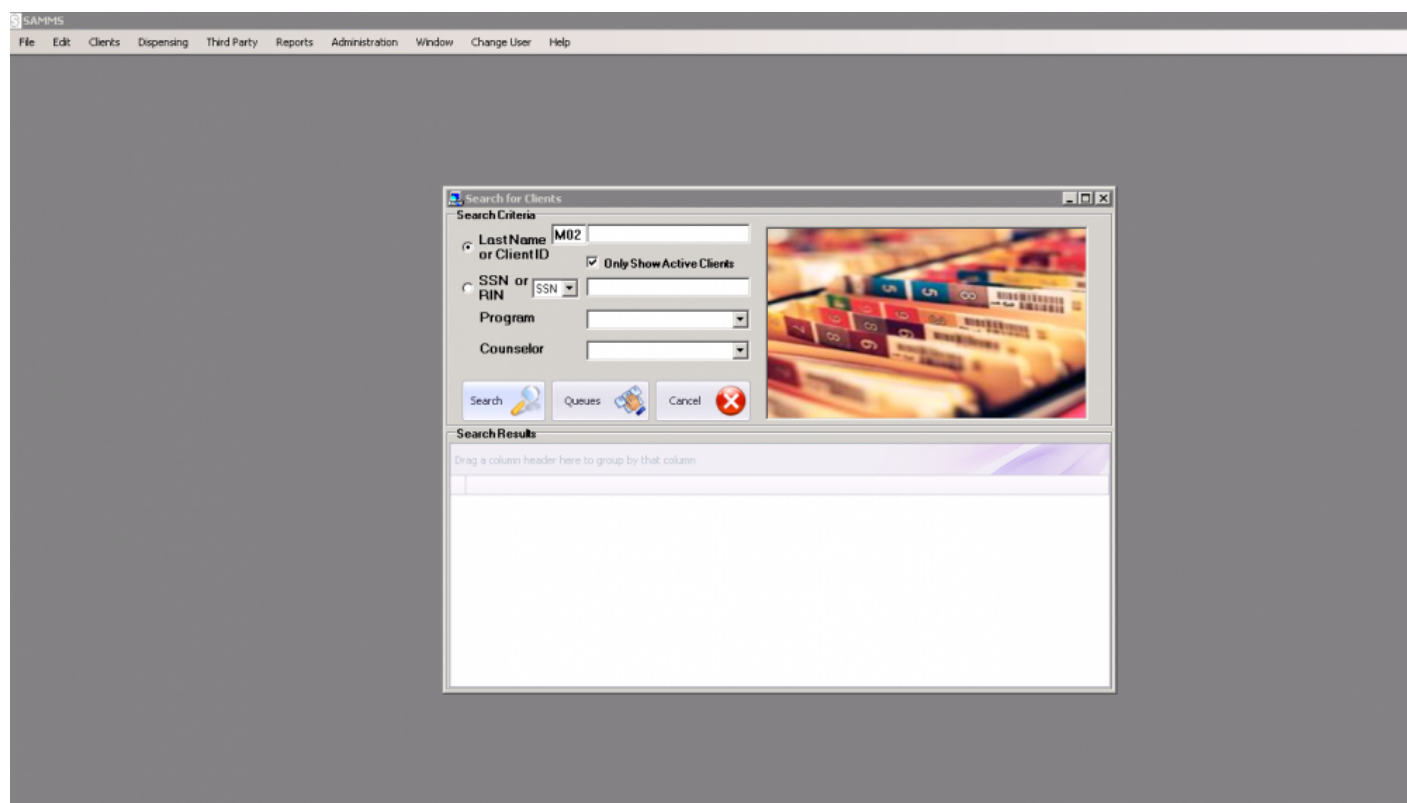
SAMMS provides **Financial Reports** to keep track of billing and adjustments.

- To access **Reports**, click on the **Reports** tab in SAMMS Main Menu.
- Click on **SAMMS Reports**.
 - Balance By Week
 - Bill/Payment by Period
 - Billed Items
 - Daily Reconciliation
 - Financial Transaction Summary
 - Overdue Balances Report

Bill/Payment by Period

The Bill/Payment by Period Financial Report provides a list of billing and collections activity by day. Report shows auxiliary billing (Bill by schedule in place for each patient)


Report includes total billing for the date of the report, total amount paid on the account by day, end balance, current account balance and current medication schedule. End balance for the current date column will appear as zero if a payment was collected on the date of the report. The bill schedule rate will appear in this column if a patient dosed without payment. Billing and Collection totals are shown at the end of this report. Variances found should be crossed compared with the Daily Reconciliation Report and the Overdue Balances Report



From the Main Menu
Select Reports
Client Billing
Bill/Payment by Period

Step 1: Select Report Category Client Billing Third Party Billing Dosing Clients Services Testing Holds Admin Charts Compliance		Step 2: Select Report Balance by Week Bill/Payment by Period Billed Items Daily Reconciliation Financial Transaction Summary FMP Compliance FMP Qualification Overdue Balance Report	
Step 3: Select Criteria 		Step 4: Select Sorting Option 	
		Step 5: Set Report Date(s) Start Date Monday , November 02, 2015 End Date Wednesday, February 03, 2016	
		Step 6: View or Print Report View Report Custom Reports	

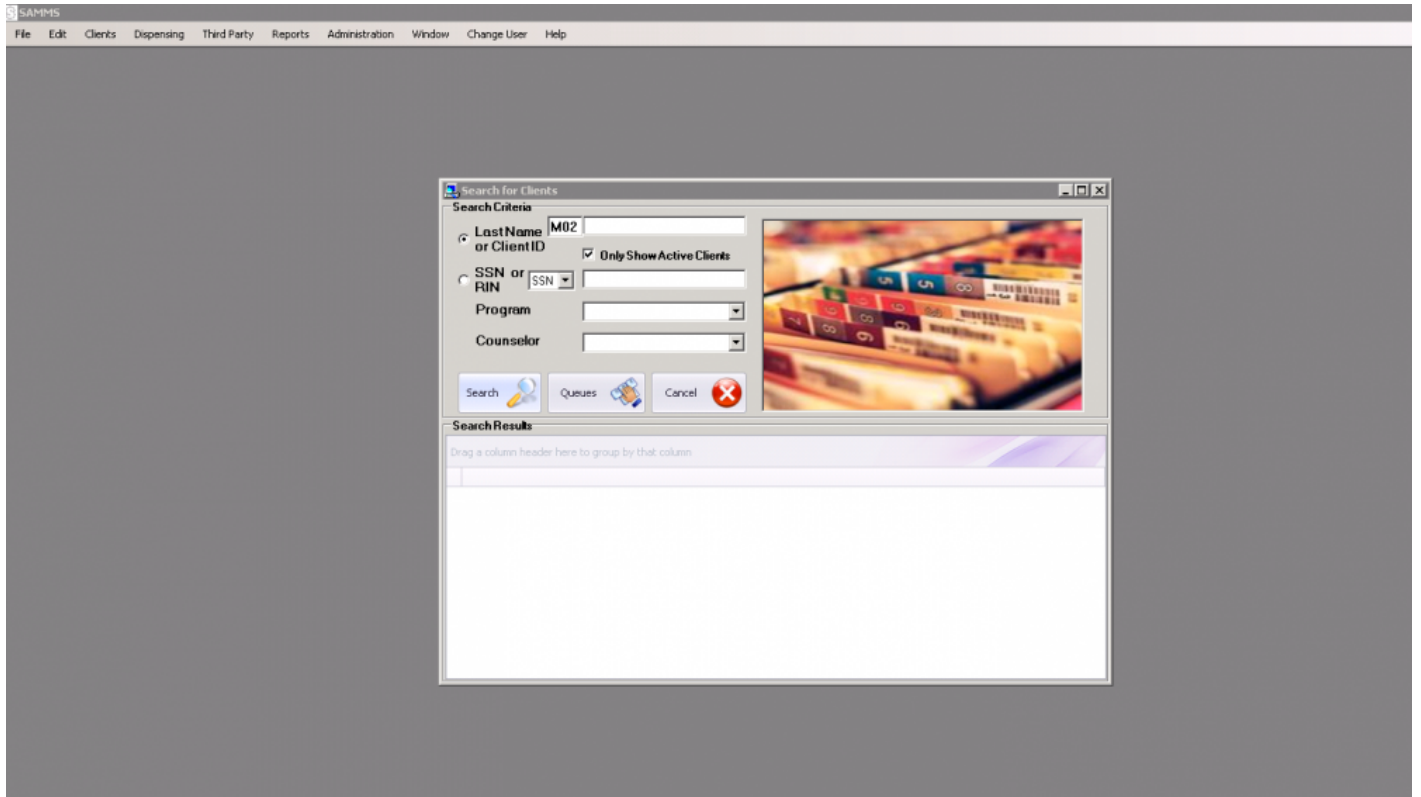
The following report will generate:

 samms		Bill/Payment Report		Bill/Payment By Period		MedMark Fort Worth		5201 McCart Avenue		Fort Worth, TX 76104	
Date Range: Wednesday, February 03, 2016 to Wednesday, February 03, 2016											
Client ID	Client Name	Scheduled Billing	Auxiliary Billing	Total Billing	Total Paid	Adjustment	End of Period Balance	Current Balance	Code		
	Totals										

Ip revision 2.3.16

Balance By Week

The Balance by week report identifies scheduled billing for active clients by week and by date range.



From the main menu

Select Reports

Select SAMMS Reports

The following report will generate:

SAMMS Reports

Step 1: Select Report Category

- Client Billing
- Third Party Billing
- Dosing
- Clients
- Services
- Testing
- Holds
- Admin Charts
- Compliance

Step 2: Select Report

- Balance by Week
- Bill/Payment by Period
- Billed Items
- Daily Reconciliation
- Financial Transaction Summary
- FMP Compliance
- FMP Qualification
- Overdue Balance Report

Rectangular Snip

Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

Start Date

Friday , January 29, 2016
 ▼

Step 6: View or Print Report

View Report

Custom Reports

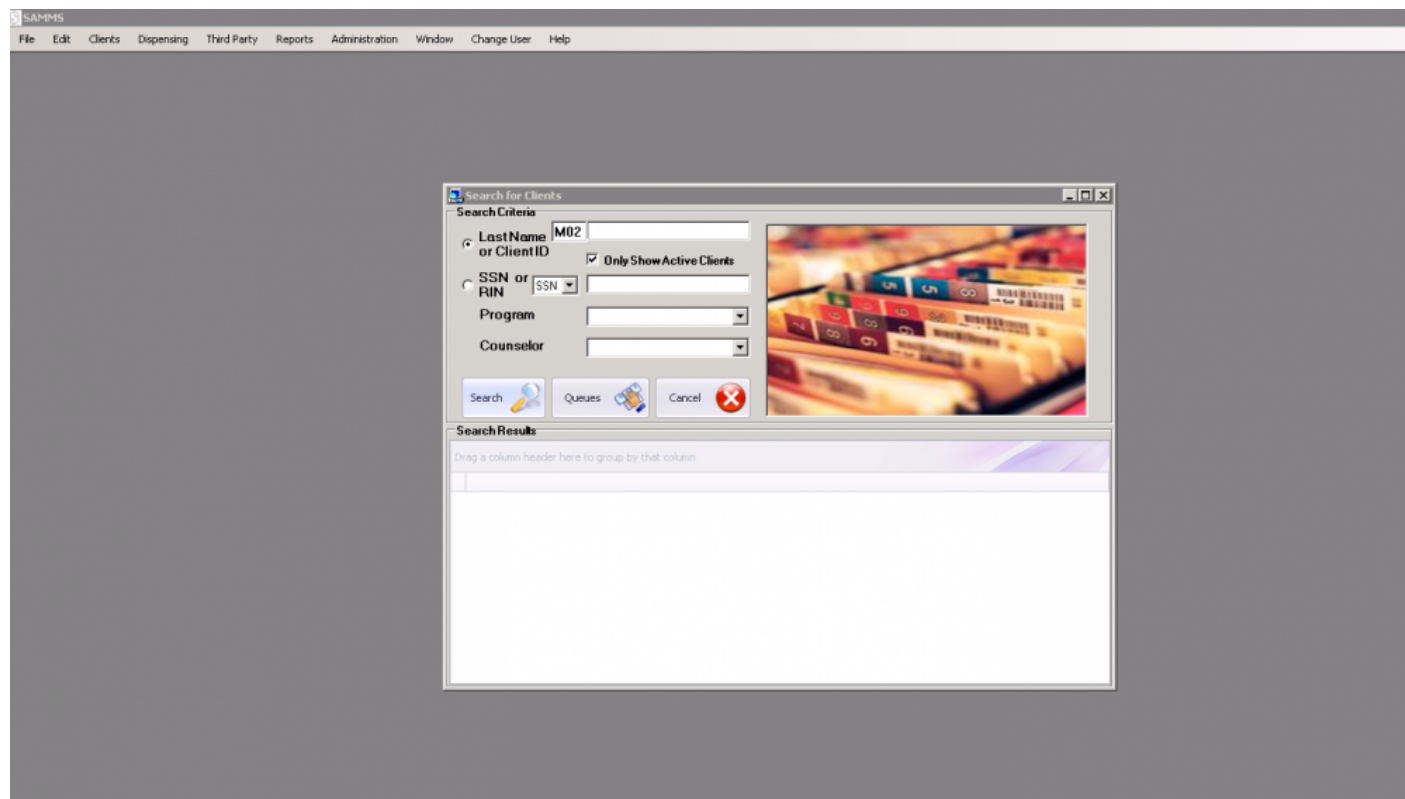
Click View Report

		Balance by Week												
		Criteria: Data as of 3/22/2012												
		Sorting: Last Name - Ascending												
Patient ID	Patient Name	Week 13: 2/3	Week 12: 1/27	Week 11: 1/20	Week 10: 1/13	Week 9: 1/6	Week 8: 12/30	Week 7: 12/23	Week 6: 12/16	Week 5: 12/9	Week 4: 12/2	Week 3: 11/25	Week 2: 11/18	Week 1: 11/11

Ip revision 2.3.16

Billed Items

The Billed Items Report provides a detailed list of items billed to an individual patient by clinic. Billed items may include but are not limited to: Back Balances, Billing Errors, Co-pays, Coinsurances, Dose Schedule Billing, No Rule Set-up Billing for Medicaid and Private Pay, Drug Screens, Illicit Drug Screens, Intake Fees, Loss of Coverage charges, Posting Errors, Retro Billing, Scheduled Billing, Annual Physicals, etc.



From the Main Menu
Select Reports
SAMMS Reports
Client Billing
Billed Items

The following Report will generate:

Step 1: Select Report Category		Step 2: Select Report	
Client Billing		Balance by Week	
Third Party Billing		Bill/Payment by Period	
Dosing		Billed Items	
Clients		Daily Reconciliation	
Services		Financial Transaction Summary	
Testing		FMP Compliance	
Holds		FMP Qualification	
Admin Charts		Overdue Balance Report	
Compliance			

Step 3: Select Criteria	Step 4: Select Sorting Option	Step 5: Set Report Date(s)
		Start Date Friday , January 29, 2016
		End Date Friday , January 29, 2016
		Step 6: View or Print Report <div>View Report</div> <div>Custom Reports</div>

Click View Report



Billed Items

Criteria: Enrolled as of - 2/3/2016
Sort: Default

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

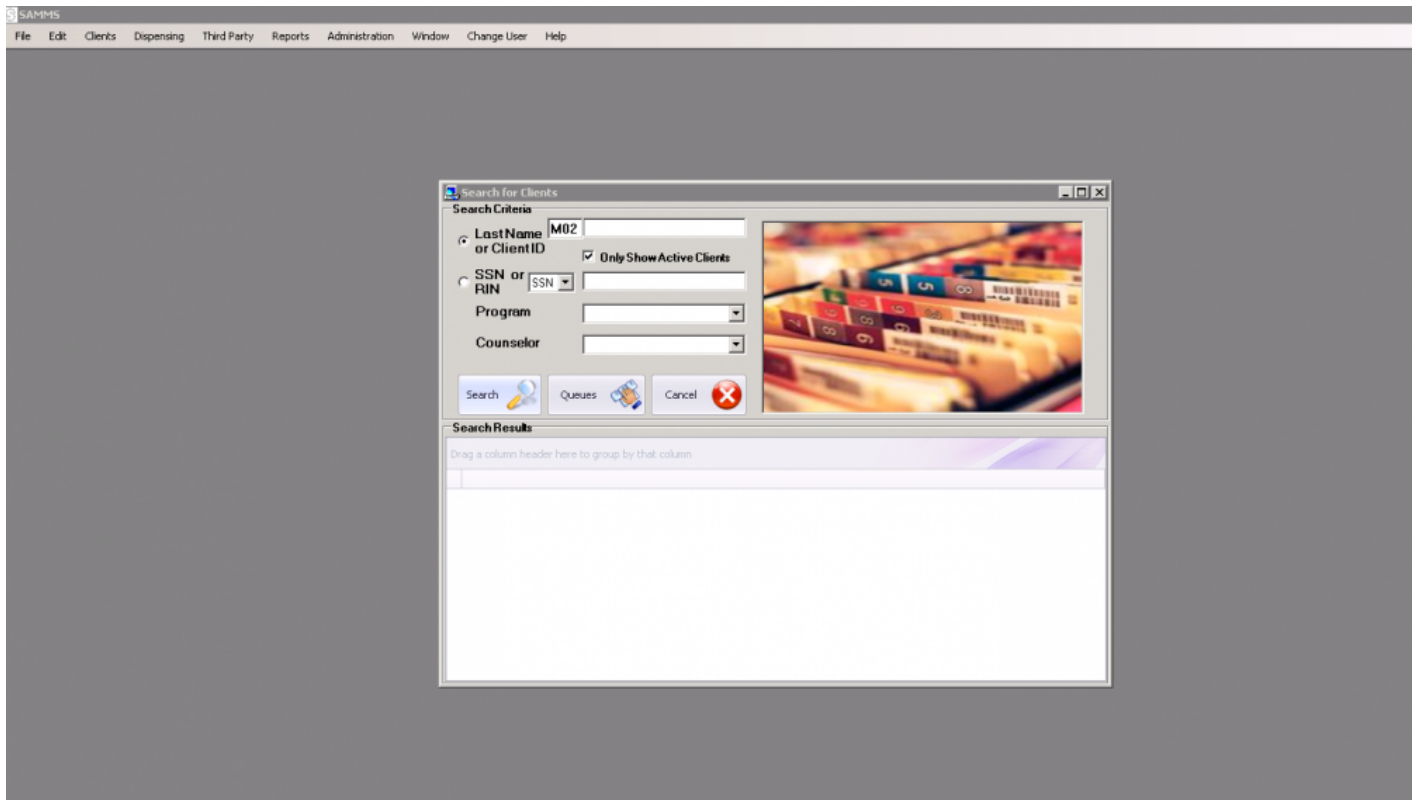
Run by: lprice @ 2/3/2016 3:11:23 PM

Bill Item	Date	Client	Amount
		Grand Total	

lp revision 2.3.16

Daily Reconciliation

The Daily Reconciliation Report provides real time financial data. Daily Cash and Credit Card collection activity. Clinic Adjustments and adjustment justification. This report will generate financial data within a specific date range.



From the Main Menu
Select Reports
SAMMS Reports
Client Billing
Daily Reconciliation
Complete Steps 3 & 4

The following report will generate:

Step 1: Select Report Category

Client Billing
Third Party Billing
Dosing
Clients
Services
Testing
Holds
Admin Charts
Compliance

Step 2: Select Report

Balance by Week
Bill/Payment by Period
Billed Items
Daily Reconciliation
Financial Transaction Summary
FMP Compliance
FMP Qualification
Overdue Balance Report

Step 3: Select Criteria

By Payment Type
By Program
By User
By Day

Show All
Adjustment
Cash
Check
Credit Card
Money Order

Step 4: Select Sorting Option**Step 5: Set Report Date(s)****Start Date**


Saturday , January 02, 2016

End Date

Wednesday, February 03, 2016

Step 6: View or Print Report**View Report****Custom Reports**

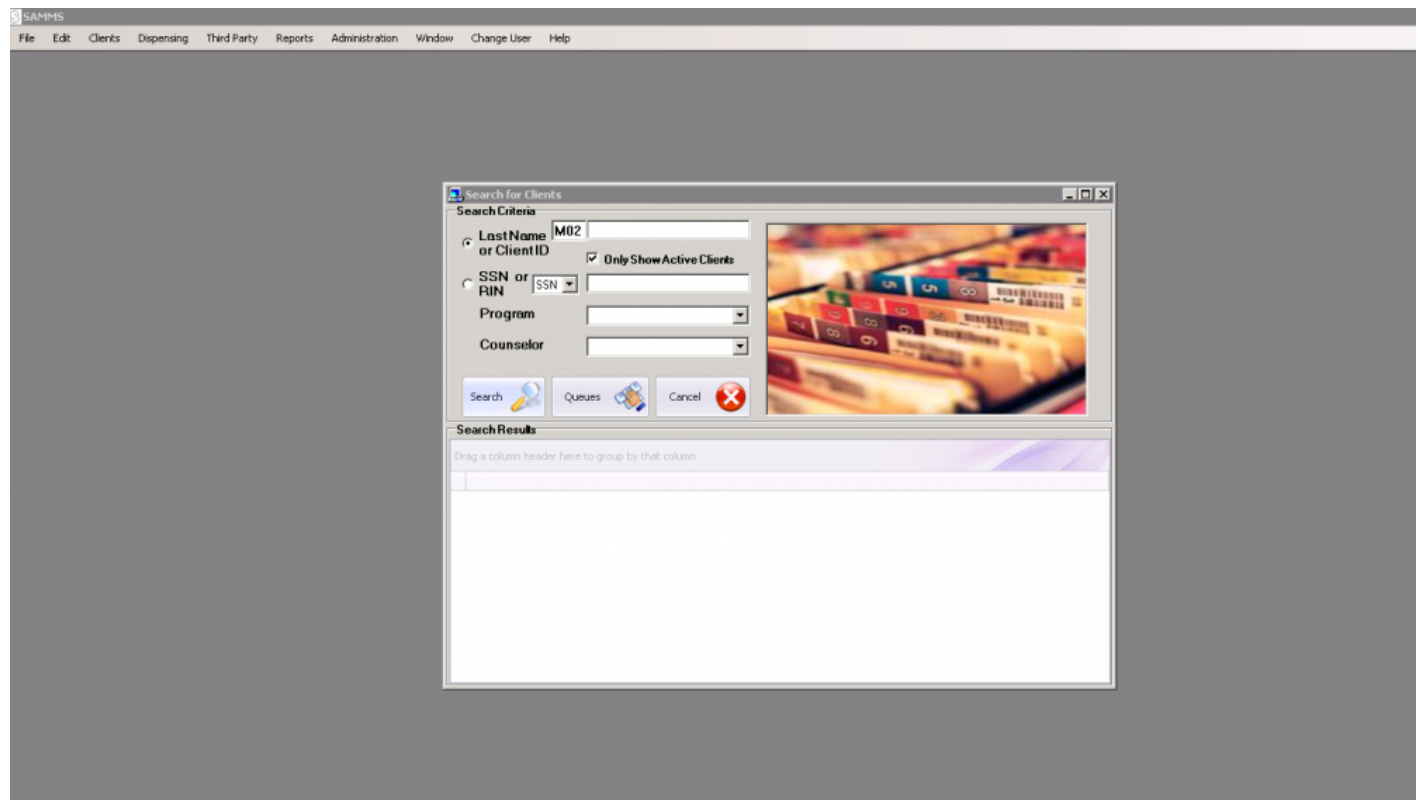
The final report will generate in collapsed view. Click the plus/minus sign to the left of each category for payment and adjustment details.

		Reconciliation Report					MedMark Fort Worth	
By Payment Type							5201 McCart Avenue	
Date Range: 11/2/2015 - 2/3/2016							Fort Worth, TX 76115	
							Run by: lprice @ 2/3/2016 2:53:31 PM	
Grouping	Payment Type	Rec #	Date	Client	Program	Payment	Adjust	Reason
<input checked="" type="checkbox"/> Adjustment								
	<input type="checkbox"/> Adjustment							
		Payment Type Total				\$0.00	\$3.14	
	Total	Grouping Total				\$0.00	\$3.14	
<input checked="" type="checkbox"/> Cash								
	<input type="checkbox"/> Cash							
		Payment Type Total				\$170.00	\$0.00	
	Total	Grouping Total				\$170.00	\$0.00	
<input checked="" type="checkbox"/> Charge								
	<input type="checkbox"/> Charge							
		Payment Type Total				\$0.00	\$0.00	
	Total	Grouping Total				\$0.00	\$0.00	
Grand Total						\$170.00	\$3.14	

lp revision 2.3.16

Financial Transaction Summary

The following financial report provides a brief summary of financial transactions by clinic. Billed items, payment methods and adjustment reasons are not provided in this report. Details of this report can be found in the Daily Reconciliation Report. Recommended report for monthly collection summations



To access this report:

From the Main Menu



Select Reports

SAMMS Reports

Client Billing

Financial Transaction Summary

Click View Report

Step 1: Select Report Category		Step 2: Select Report	
<ul style="list-style-type: none">Client BillingThird Party BillingDosingClientsServicesTestingHoldsAdmin ChartsCompliance		<ul style="list-style-type: none">Balance by WeekBill/Payment by PeriodBilled ItemsDaily ReconciliationFinancial Transaction SummaryFMP ComplianceFMP QualificationOverdue Balance Report	
Step 3: Select Criteria		Step 4: Select Sorting Option	
		Step 5: Set Report Date(s)	
		Start Date Wednesday, February 03, 2016	
		End Date Wednesday, February 03, 2016	
		Step 6: View or Print Report	
		View Report 	
		Custom Reports 	

The following report will generate:



Financial Transaction Summary

Criteria: Date - 11/2/2015 to 2/3/2016

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

Run by: lprice @ 2/3/2016 2:57:44 PM

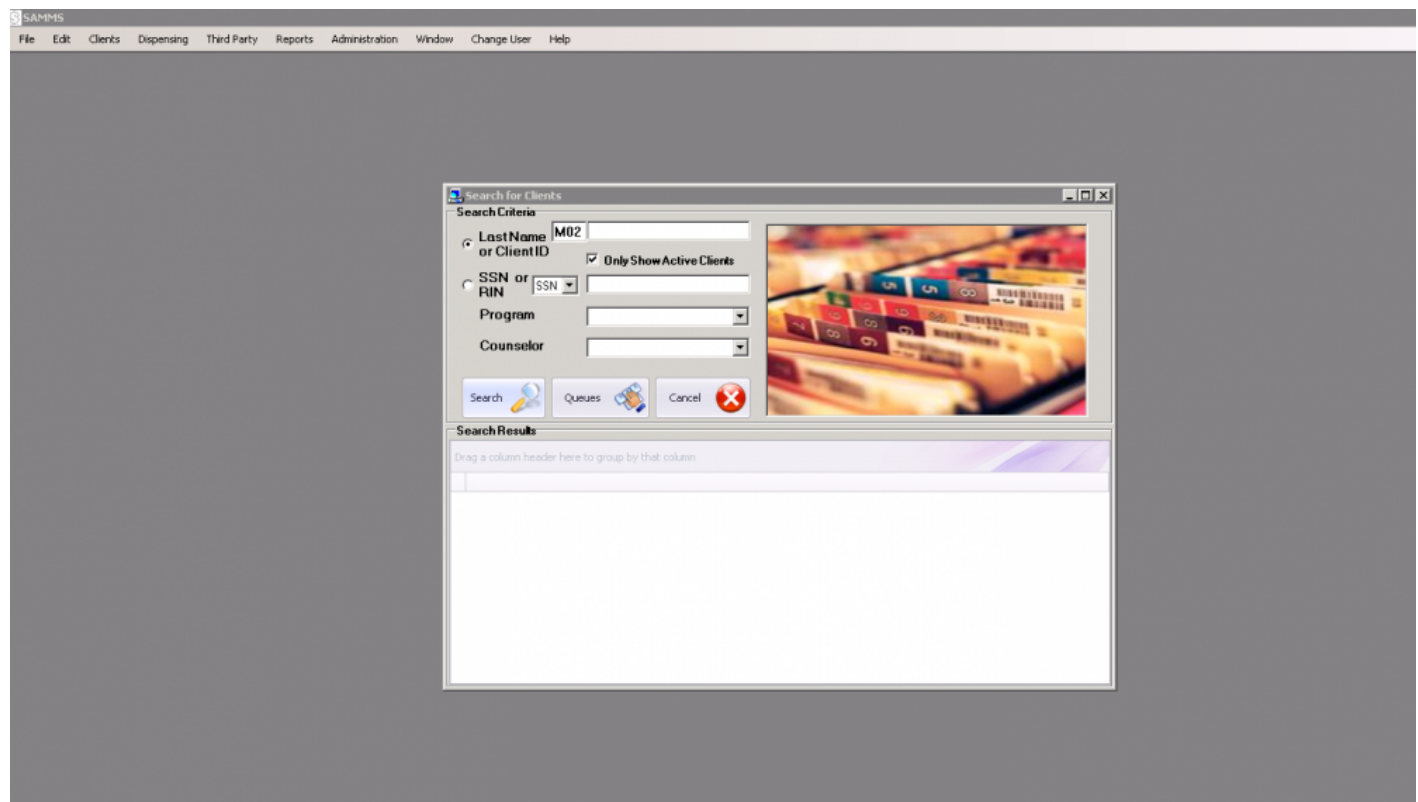
Total Billed:	\$6,260.00
Total Paid:	\$170.00
Total Adjusted	\$3.14

lp revision 2.3.16

Overdue Balances Report

This financial report provides a list of active clients, the current payment schedule for each client, payment history, current balance, assigned AR codes, and the total amount of outstanding revenue by clinic for a specific date range.

Note: Outstanding revenue on this report can be filtered by category, i.e. private pay, Medicaid, Commercial Insurance. Payer mix will vary by site



From the Main Menu
Select Reports
SAMMS Reports
Client Billing
Overdue Balances Report
Filter by category as needed

Step 1: Select Report Category

- Client Billing
- Third Party Billing
- Dosing
- Clients
- Services
- Testing
- Holds
- Admin Charts
- Compliance

Step 2: Select Report

- Balance by Week
- Bill/Payment by Period
- Billed Items
- Daily Reconciliation
- Financial Transaction Summary
- FMP Compliance
- FMP Qualification
- Overdue Balance Report**

Step 3: Select Criteria
☒ Active Clients Only

By Program

- By Program

Show All

- Guest
- Inquiry
- Private Pay
- Commercial Insurance
- Medicaid
- MQMB

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

Start Date


Wednesday, February 03, 2016

Step 6: View or Print Report

View Report

Custom Reports

Click View Report



Overdue Balance

Criteria: Program: Show All
Date: 2/3/2016

MedMark Fort Worth

5201 McCart Avenue
Fort Worth, TX 76115
Run by: lprice @ 2/3/2016 3:18:14 PM

Discharged	Client ID	Client	Program	Payment Schedule	Last Date	Last Payment	Amount Due	A/R Code
------------	-----------	--------	---------	------------------	-----------	--------------	------------	----------

lp revision 2.3.16

Custom Reports



Active Patients Prescription Medications

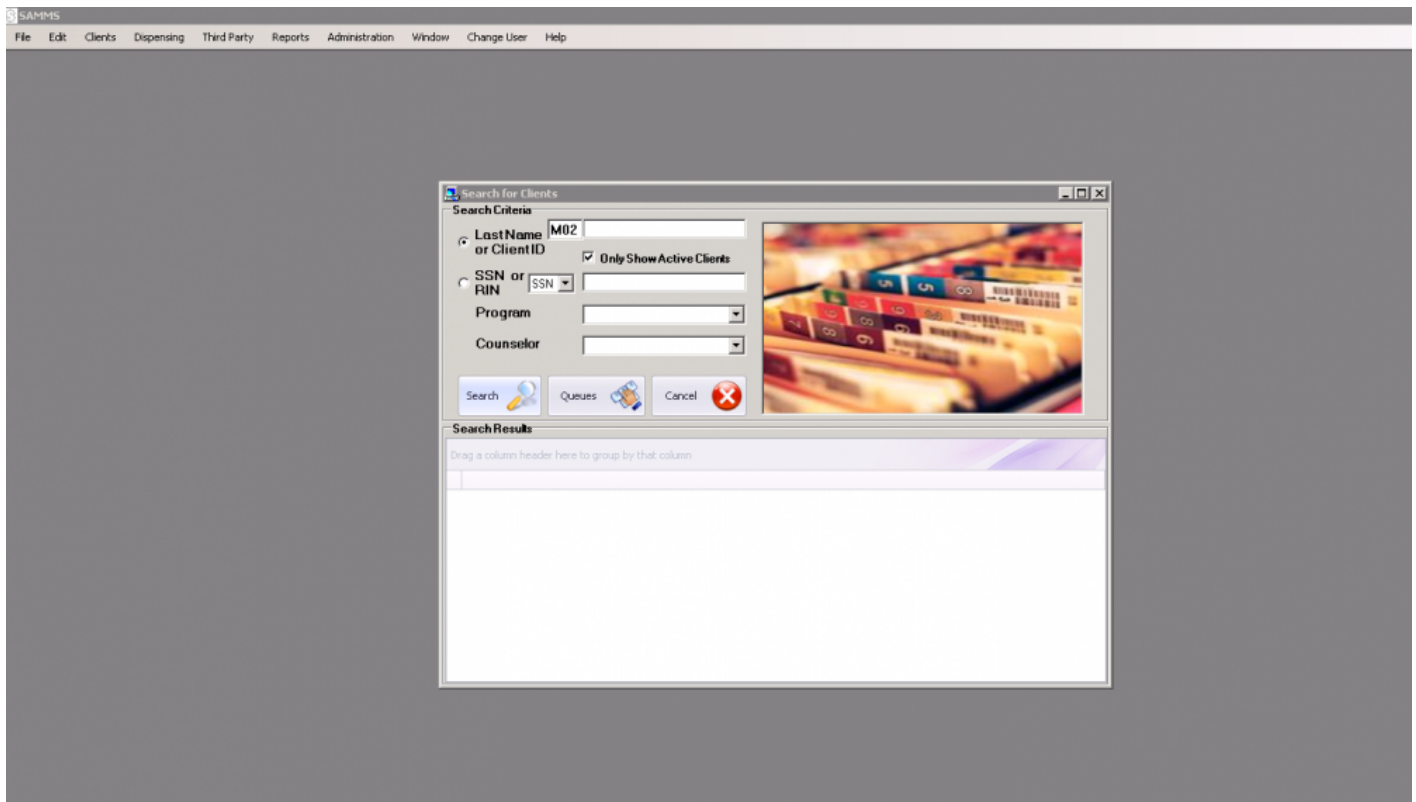
This report identifies prescription medications for all active patients within your clinic.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



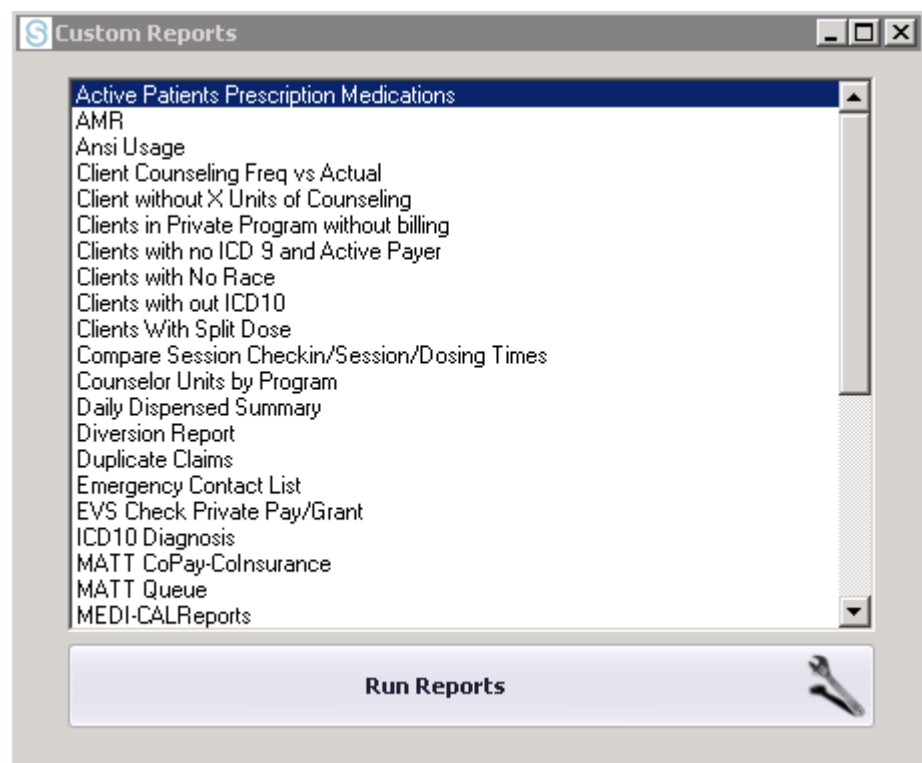
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons are located at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Active Patients Prescription Medications from the Custom Reports list



Active Clients Prescription Medications Report

MedMark Fort Worth
 5201 McCart Avenue
 Fort Worth, TX 76115

Med Class	Med	Client Name	Program	Counselor
0				
	Dulera			

lp revision 2.3.16

AMR

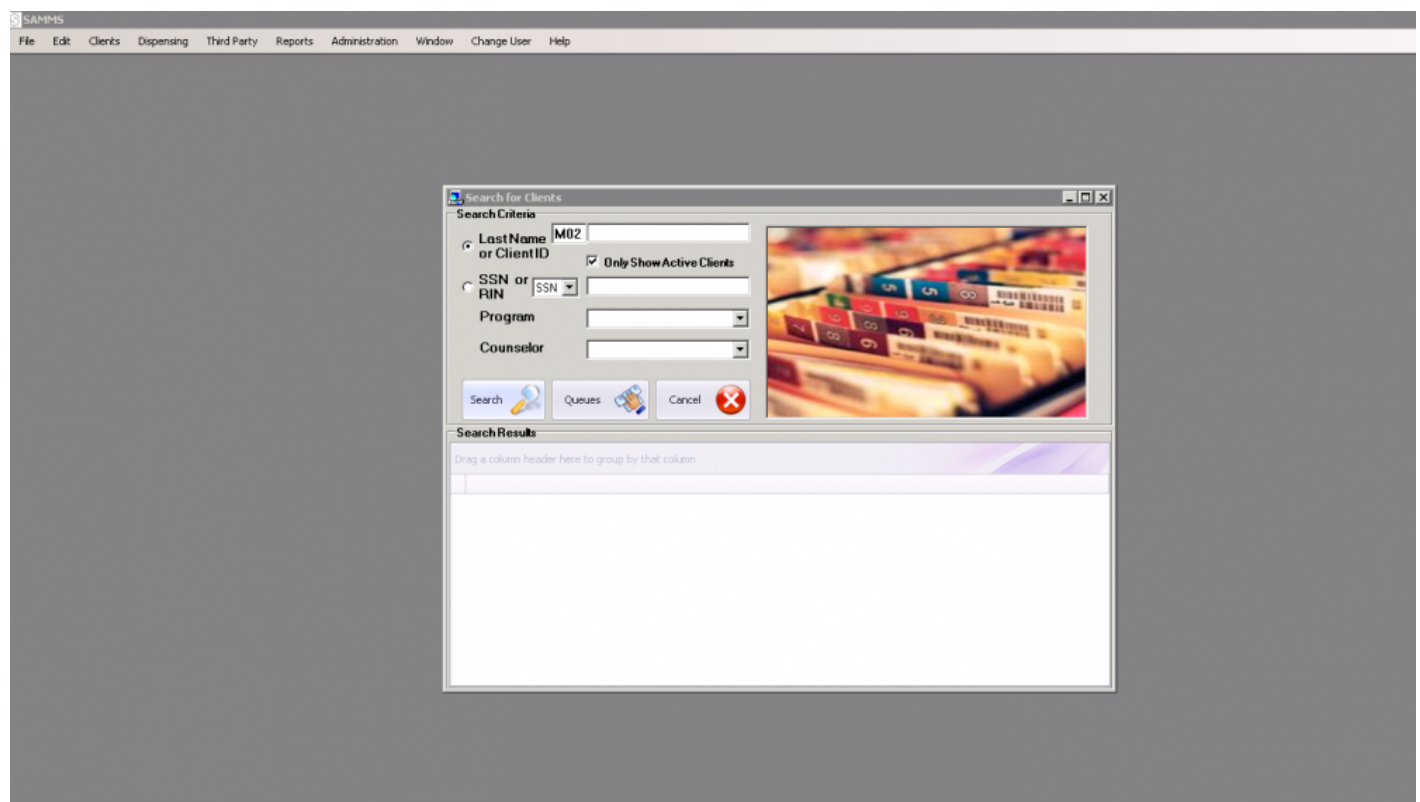
The following report identifies Average Methadone Reported, tracks all dosage levels of medication dispensed

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

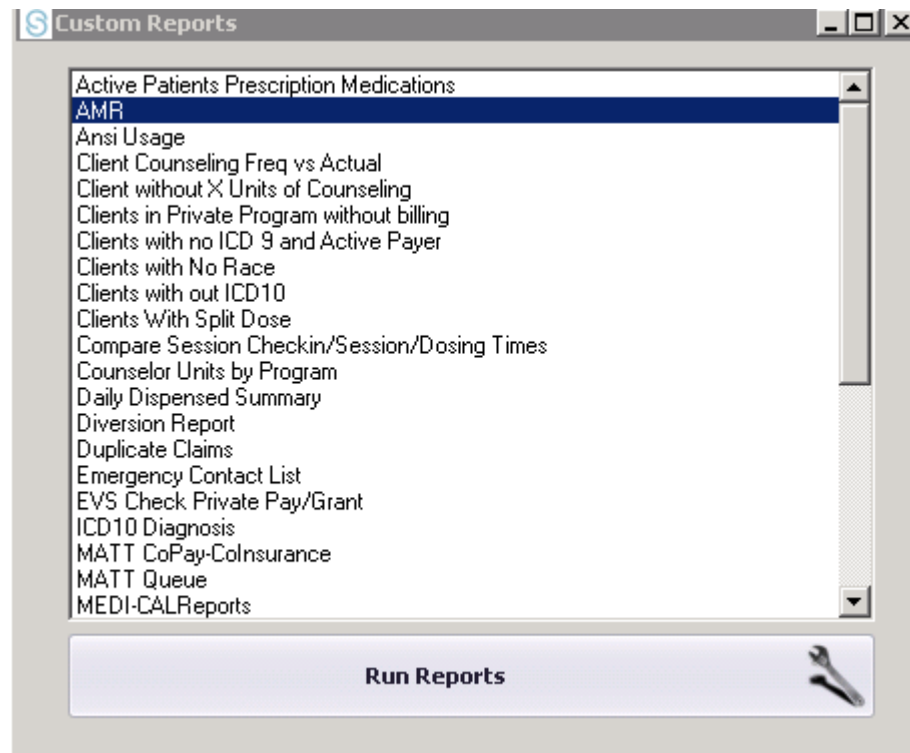
The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports

AMR Custom Report will generate the following:



Select AMR from the Custom Reports List

The following report will appear:



DOSAGE (mg)	
Total	<u>GRAND TOTAL</u>

Page 1 of 1

lp revision 2.3.16

ANSI Usage

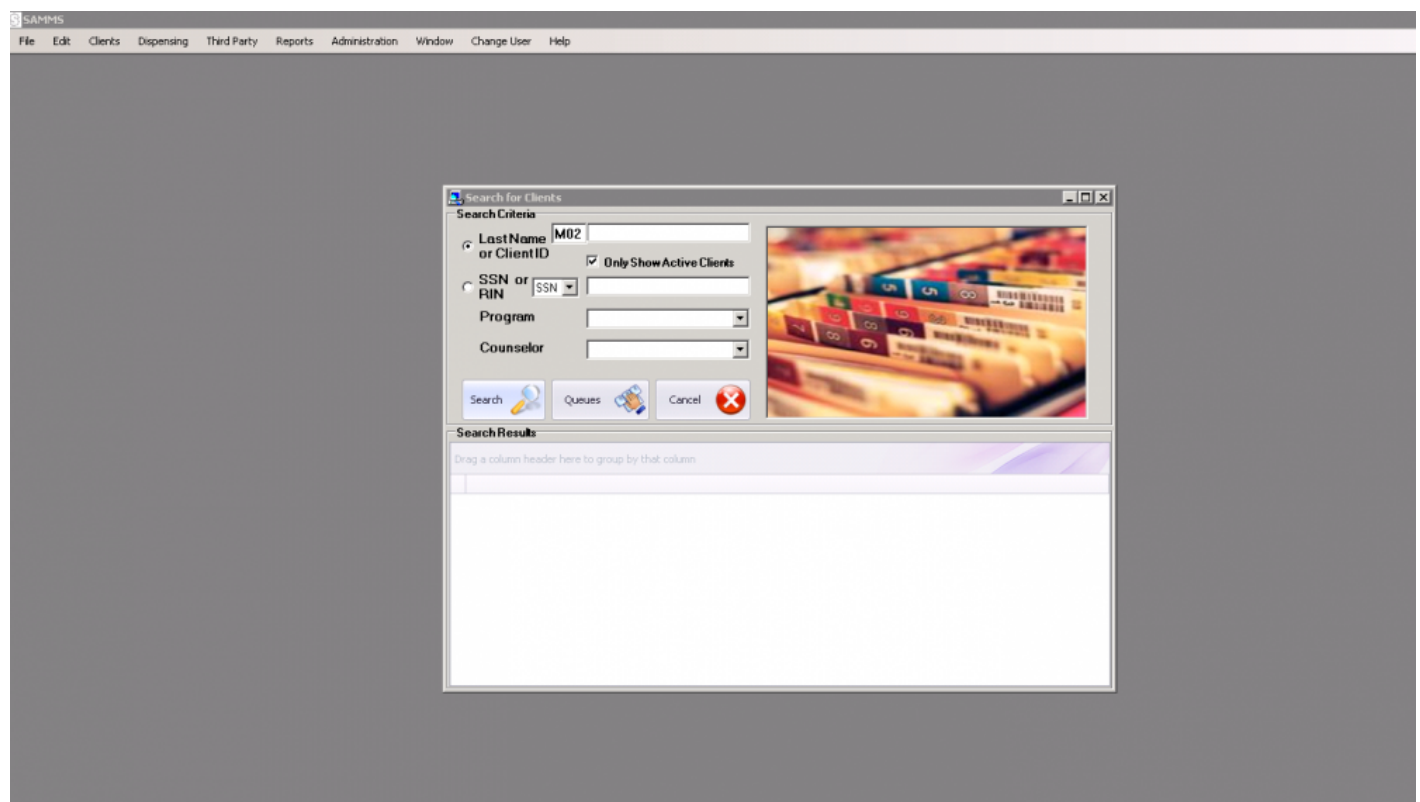
This report identifies ANSI (American National Standards Institute) reason codes to explain why a claim may not have been paid in full.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



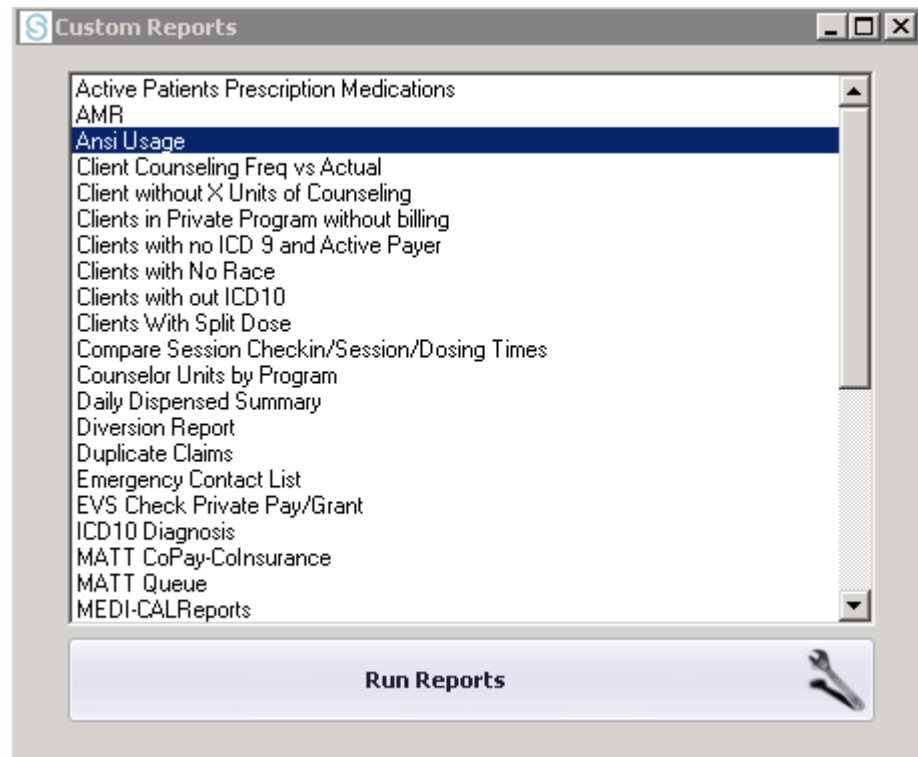
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



ANSI Custom Report will generate the following:



Mediware Treatment Centers - Waco
 2210 Washington Avenue
 Waco, TX 76701

Code	Description	Encounter	Paid by Payer	Gen Adj	Cont Adj	CoPay	Deductable	Client
1	Deductible Amount							
	Count:1	119	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
106	Patient payment option/election not in effect.							
	Count:1	338	\$0.00	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.							
	Count:21	3129	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers compensation regulations requires CO)							
	Count:117	17901	\$0.00	\$1,290.00	\$0.00	\$0.00	\$0.00	\$0.00
222	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.							
	Count:16	9376	\$0.00	\$164.00	\$0.00	\$0.00	\$0.00	\$0.00
29	The time limit for filing has expired.							
	Count:28	4928	\$0.00	\$207.70	\$0.00	\$0.00	\$0.00	\$0.00
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.							
	Count:287	70602	\$0.00	\$3,393.38	\$0.00	\$0.00	\$0.00	\$0.00
85	Patient Interest Adjustment (Use Only Group code PR)							
	Count:1	293	\$60.26	(\$58.00)	\$0.00	\$0.00	\$0.00	\$0.00
92	Claim Paid in full.							
	Count:11	3399	\$0.00	(\$124.76)	\$0.00	\$0.00	\$0.00	\$0.00

lp revision 2.3.16

Client Counseling Freq. vs Actual

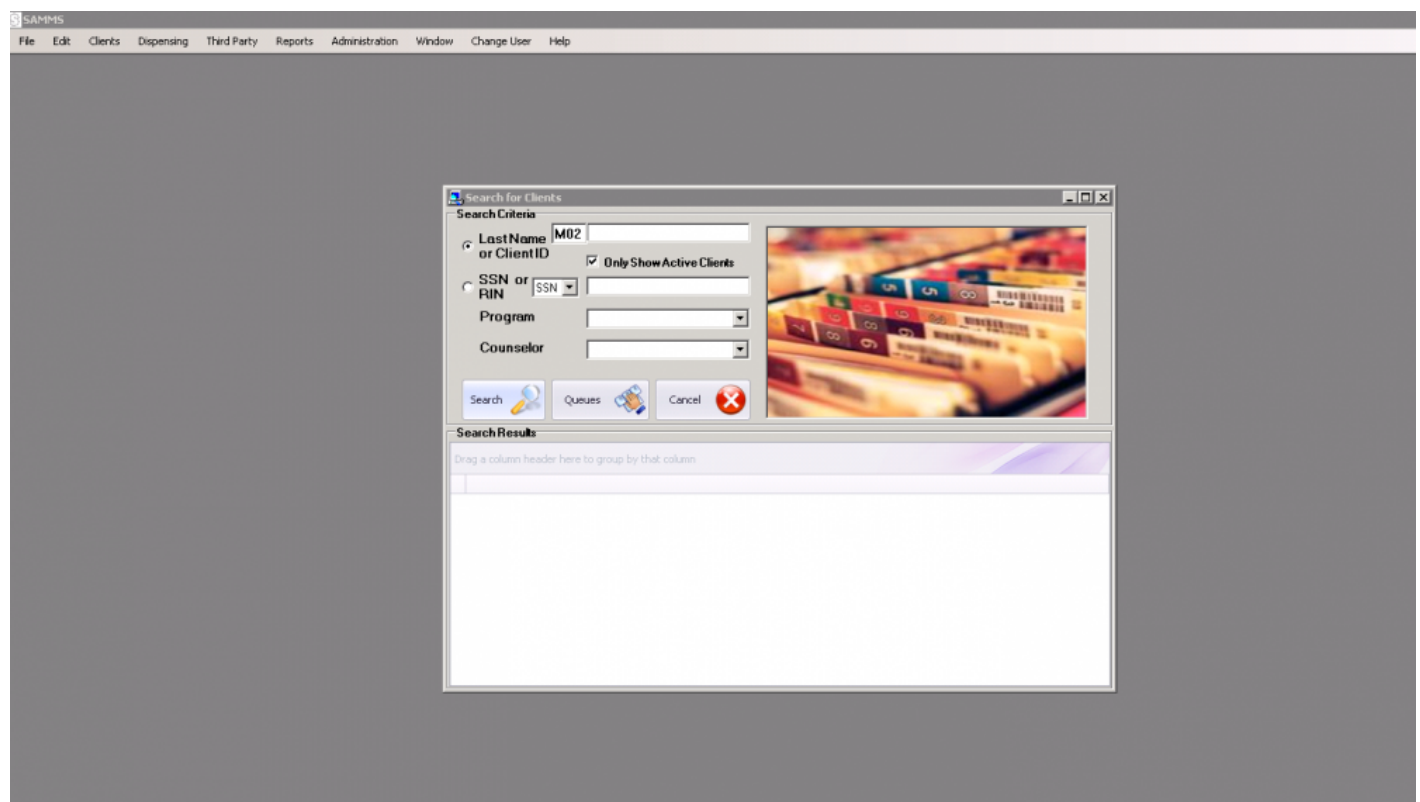
The Client Counseling Freq. vs Actual identifies the number of counseling sessions ordered according to the treatment plan in place versus the actual number of completed sessions documented within 30 days

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



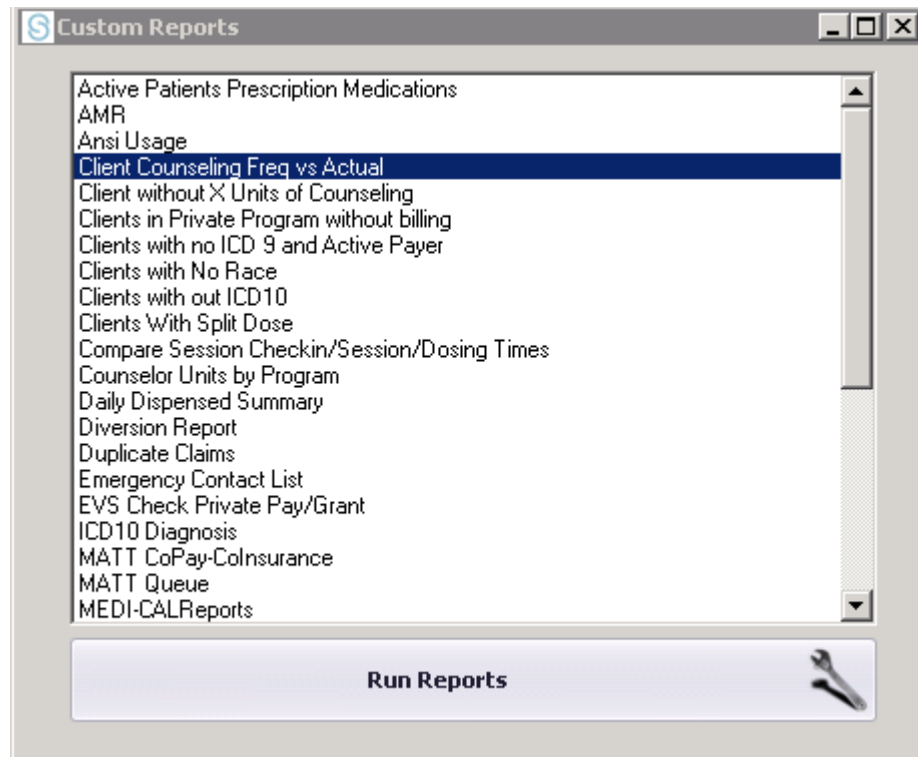
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:


- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



The following report will generate:



Client Counseling Frequency vs Actual

MedMark Fort Worth
 5201 McCart Avenue
 Fort Worth, TX 76115

Name	Client ID	Date	Individual Amt	Actual Individual	Group Amt	Actual Group
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Ip revision 2.4.16

Clients without X Units of Counseling

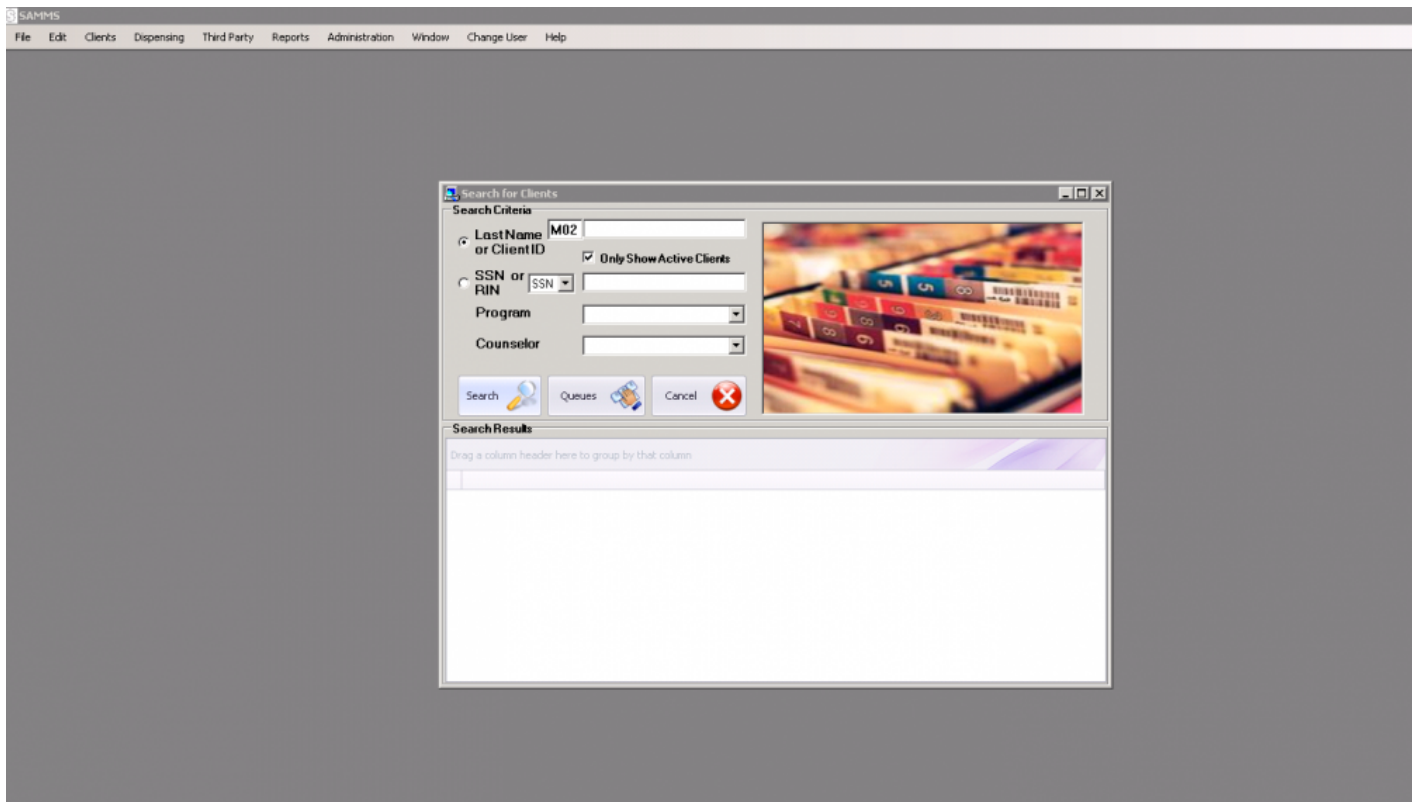
This report identifies active clients in need of additional counseling units.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



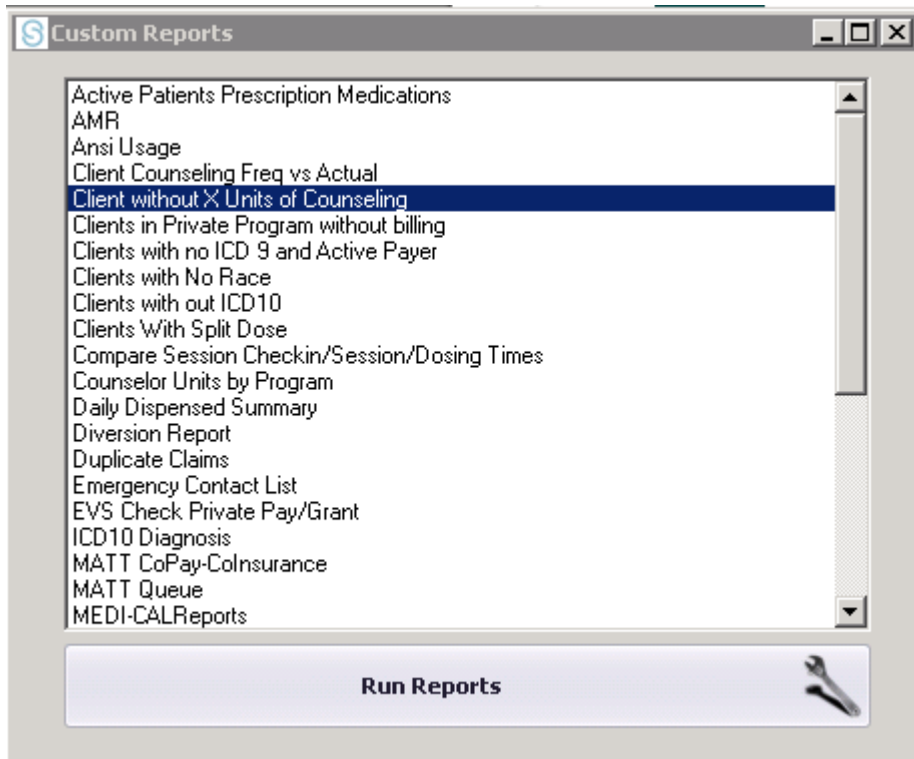
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.



Skip Steps 1-5

Select Custom Reports



Clients without X Units of Counseling Custom Report should generate the following:

Start Date	11/1/2015	End Date	1/29/2016
Units	10		

 1 of 1  100% Find | Next



Clients with less than 10 Counseling Units

11/1/2015 to 1/29/2016

Clt ID	Last	First	Counselor	Units
--------	------	-------	-----------	-------

Notes: This report only includes clients who were active at all between the Start and End dates. Clients are only shown if they did not have a service within the date range - future services are not counted.

Page 1 of 1

Revised on 2.3.16

Clients in Private Pay without Billing

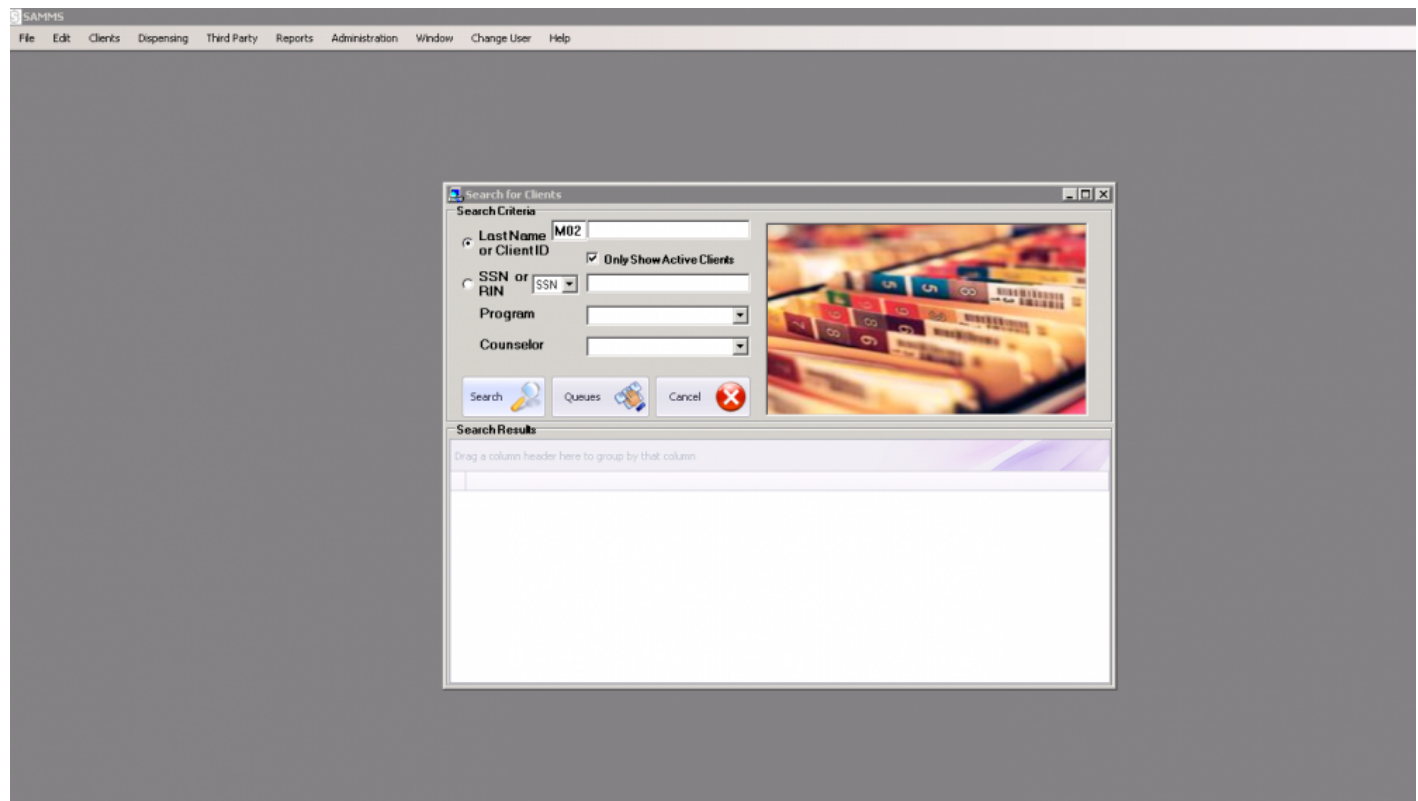
The Clients in Private Pay without Billing Custom Report provides a detailed list of clients enrolled in a Private Pay program without a billing schedule in place. This report identifies clients without active daily billing established during the intake/admissions/internal transfer process.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



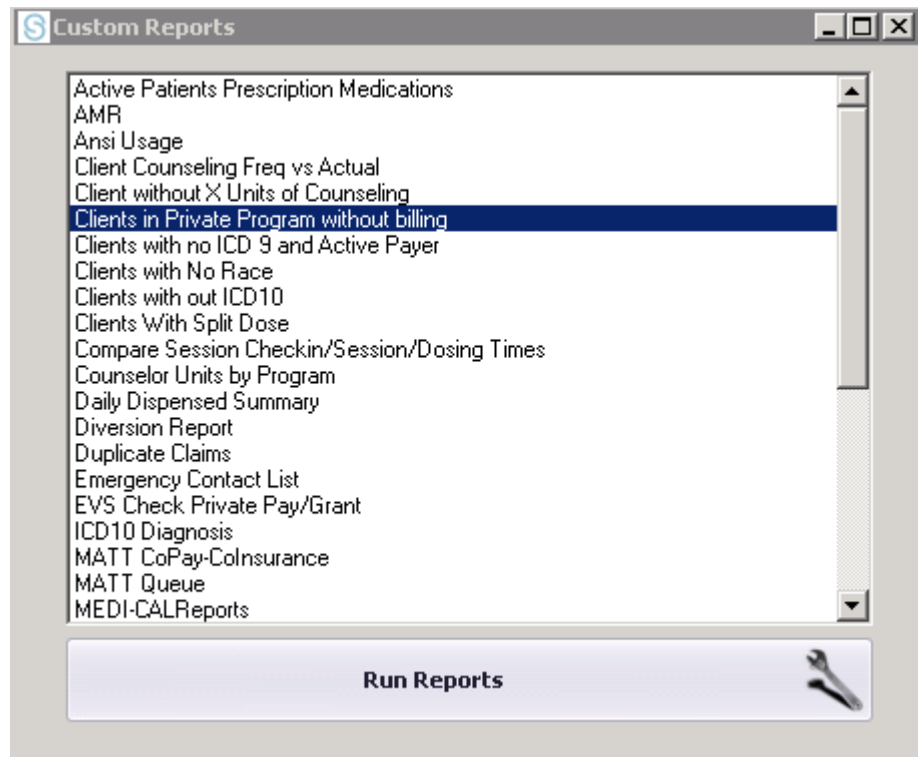
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons are located here:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Clients Enrolled in Private Pay without billing from the Custom Reports list

The following report will generate:



ID	Last Name	First Name	Enroll Date
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Page 1 of 1

Ip revision 2.3.16

Clients with no ICD9 and Active Payer

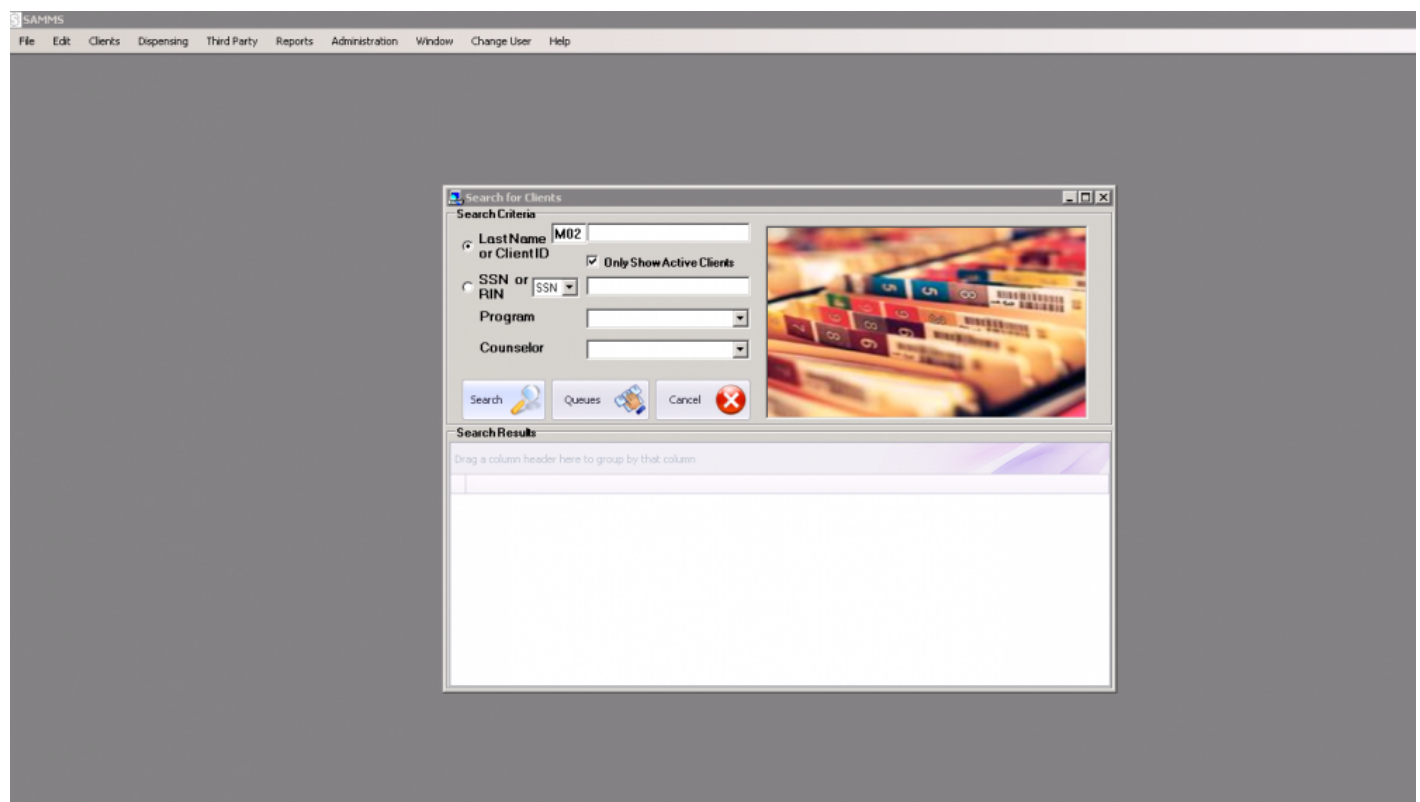
This report identifies active clients with an ICD 9 diagnostic code with an active payer in need of a primary diagnosis code.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



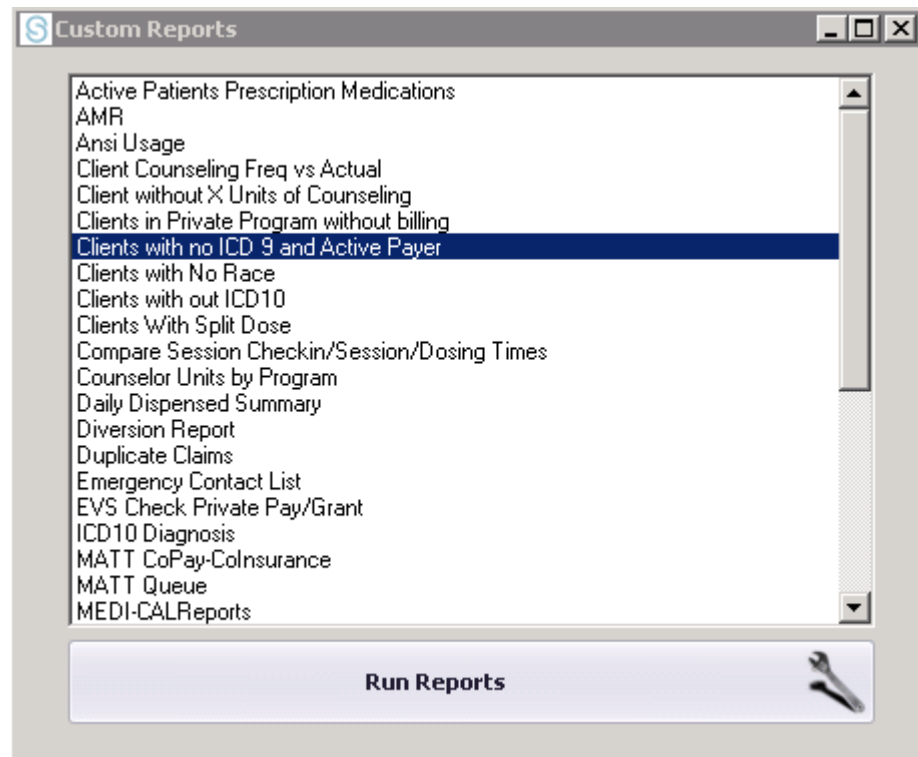
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons are located here:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Clients with no ICD 9 Code assignment with an active payer from the custom report list

The following report will generate:

 Clients with Active Payers and No Primary Diagnosis					MedMark Fort Worth 5201 McCart Avenu Fort Worth, TX 7611
Client ID	Name	Program	Counselor	Payer	

lp revision 2.4.16

Clients with No Race

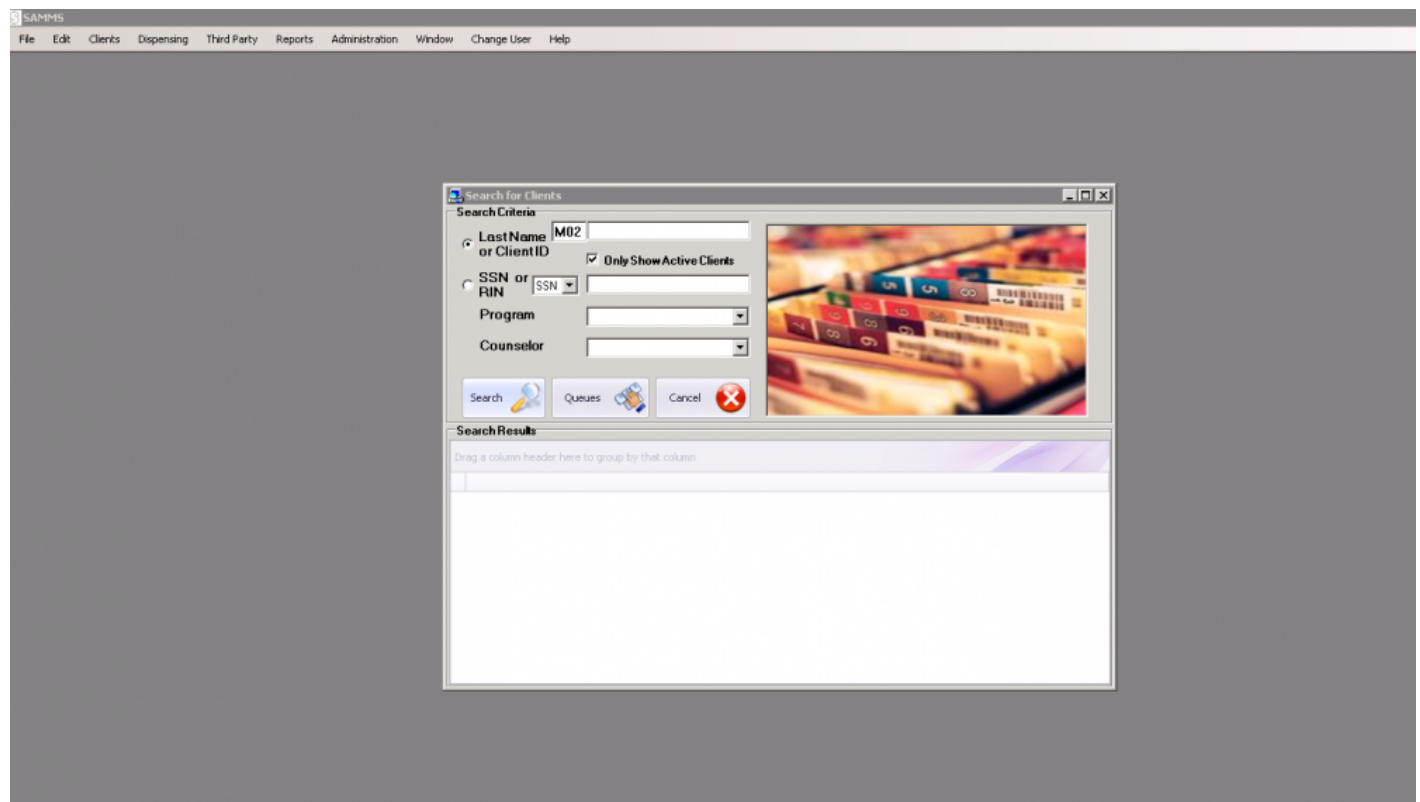
This report identifies patients with missing demographic and statistical data.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

SAMMS Reports

Step 1: Select Report Category

- Client Billing
- Third Party Billing
- Dosing
- Clients
- Services
- Testing
- Holds
- Admin Charts
- Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

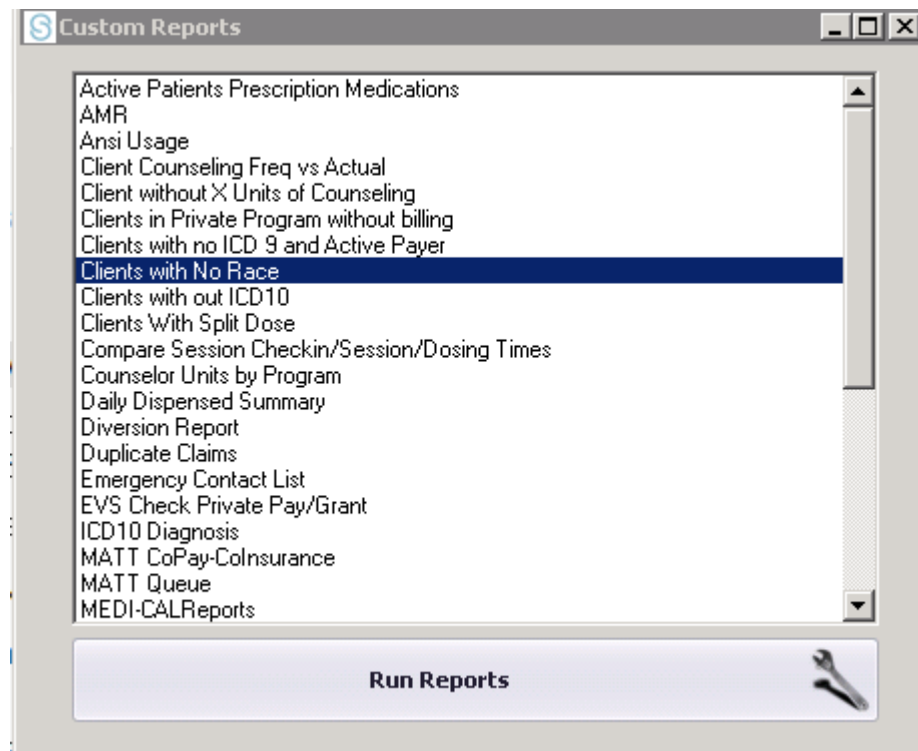
Step 6: View or Print Report

View Report 

Custom Reports 


Skip Steps 1-5

Select Custom Reports



Select Clients with No Race from the custom reports list

The following report will generate:

 samms	Clients With No Race				MedMark Fort Worth 5201 McCart Avenue Fort Worth, TX 76115 lprice	
Client ID	First Name	Last Name	Program	Enroll Date		

Clients without ICD 10

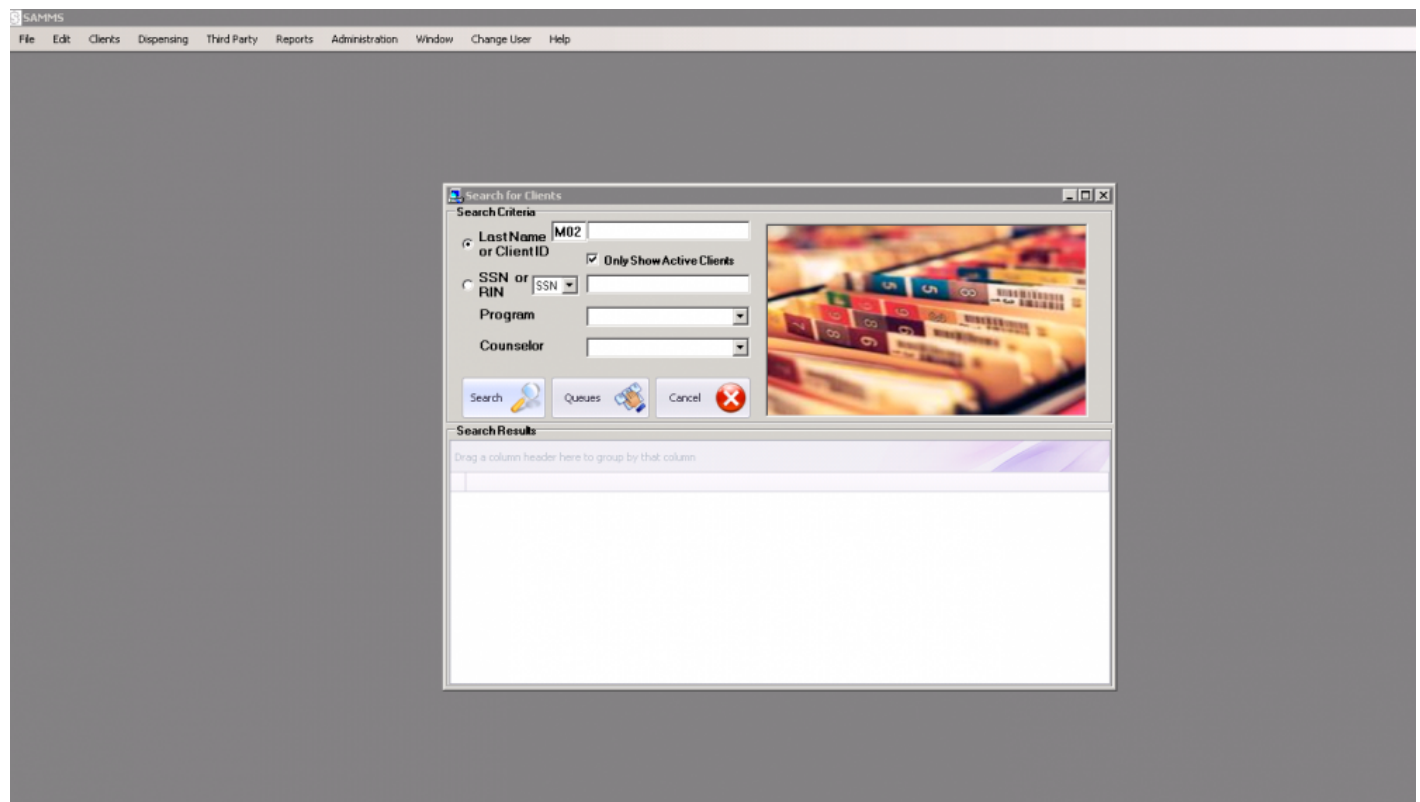
This report identifies active patients in need of a primary diagnosis code assignment.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



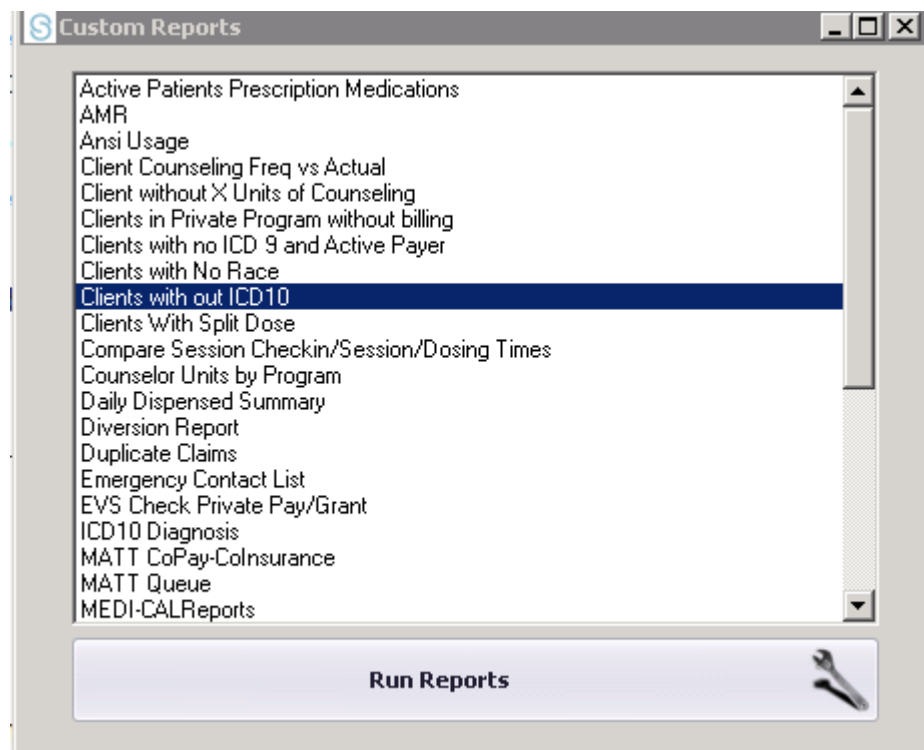
The Following Report will generate:

The image shows a software window titled "SAMMS Reports". It contains a series of steps for generating a report:

- Step 1: Select Report Category**: A list box containing the following categories: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Clients without an ICD 10 code from the custom reports list



Client's without ICD 10

samms

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

ID	Last	First	Counselor	Program
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lp revision 2.4.16

Clients with Split Dose

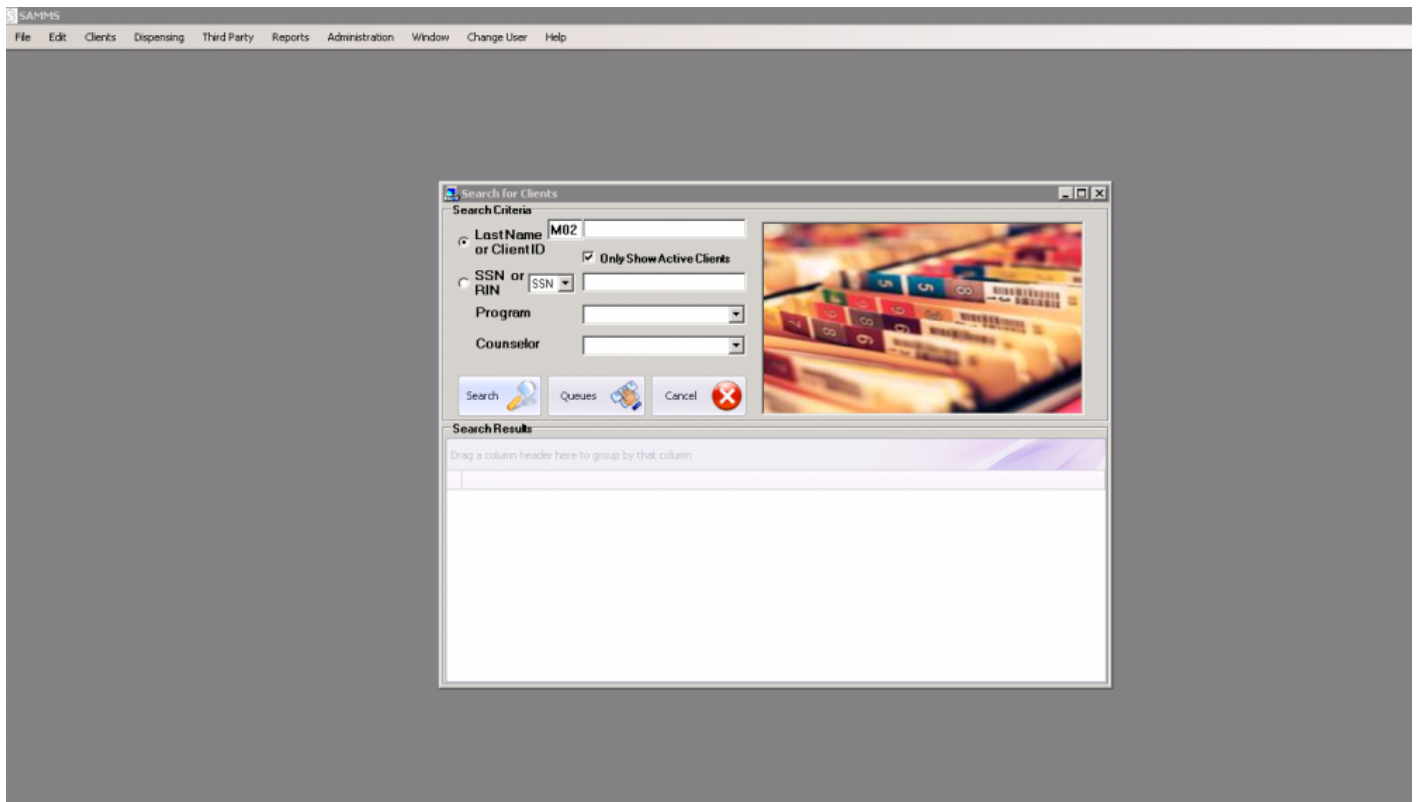
The following report identifies patients on a split dose medication schedule. Tracks Medication Inventory

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



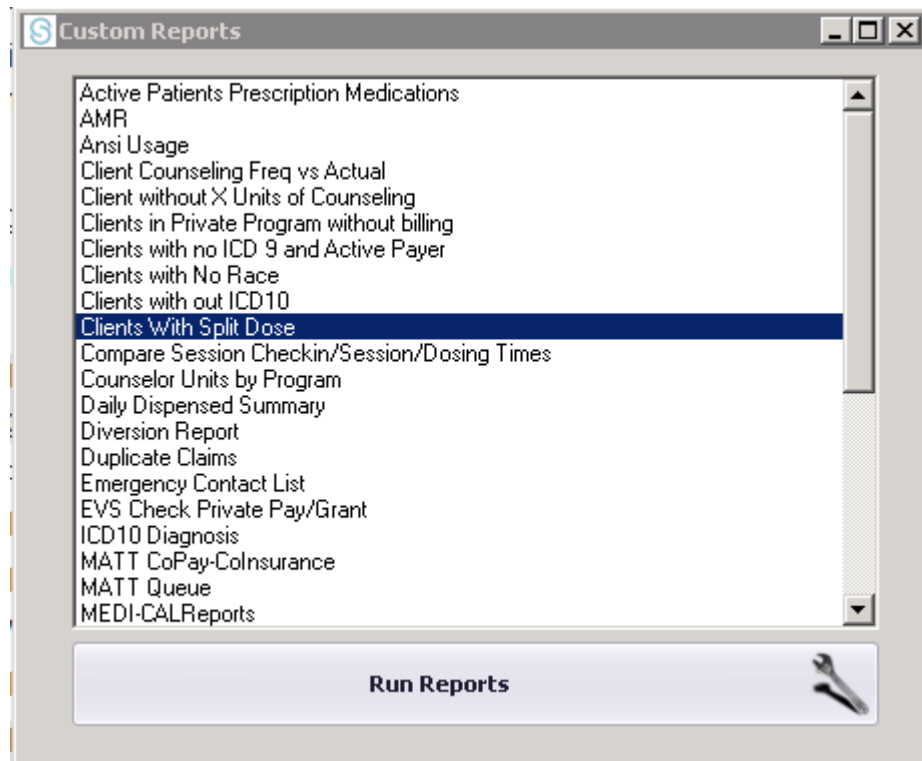
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.


Skip Steps 1-5

Select Custom Reports



Select Split Dose from the custom report list

The following report will generate:



Split Dose Report

samms

MedMark Fort Worth

5201 McCart Avenue
Fort Worth, TX 76115

Client ID	Client	Program	Med Type	Dose 1	Dose 2	Code
-----------	--------	---------	----------	--------	--------	------

lp revision 2.4.16

Compare Session Check-In/Session/Dosing Times

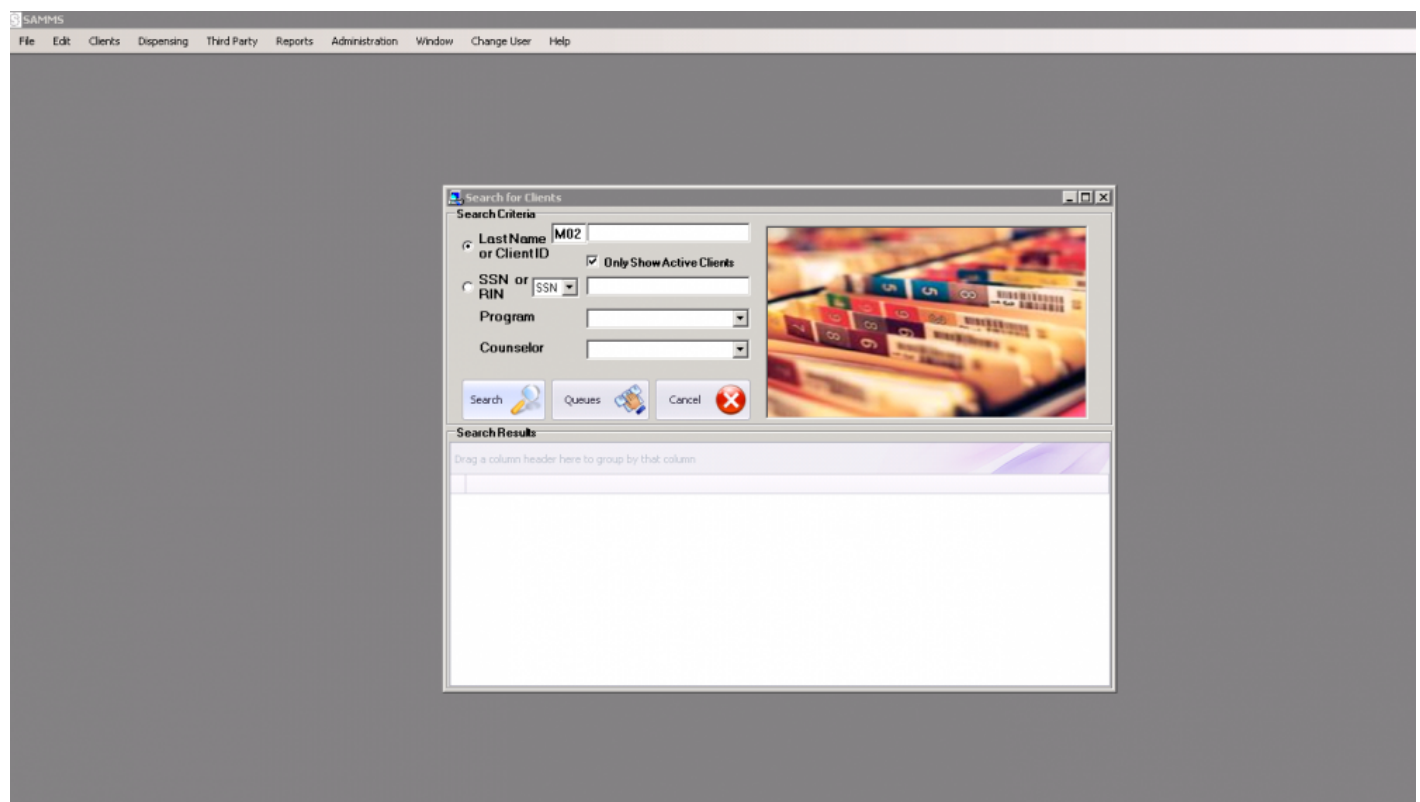
The following report identifies potential discrepancies in check in/dosing and counseling dates and duration reported

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



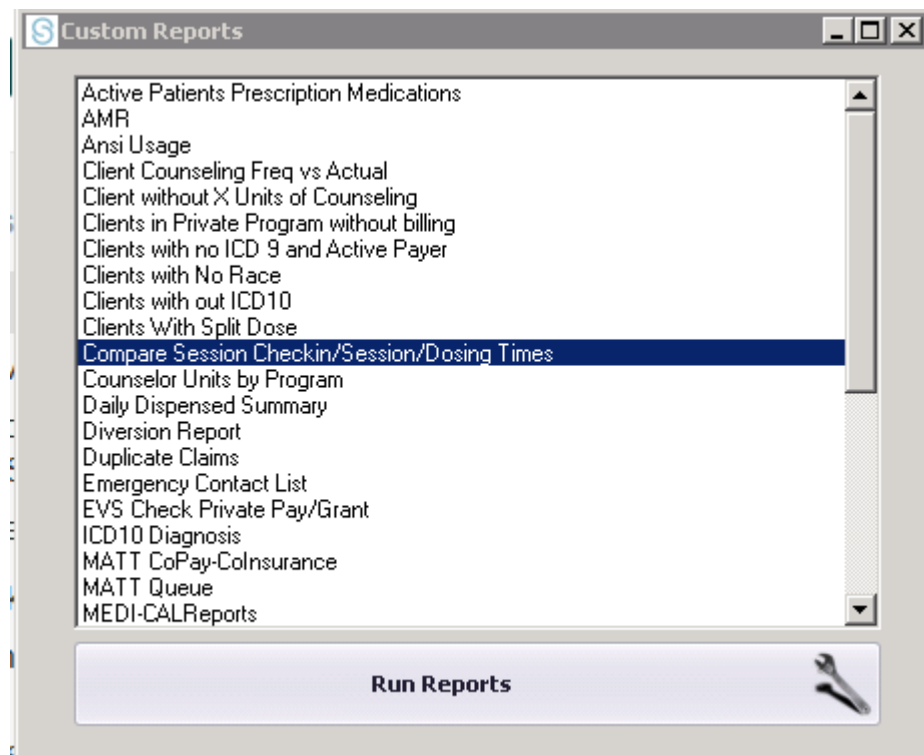
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Compare Session Check In/Session/Dosing Time from the custom report list

The following report will generate:



Compare Session Checkin/Session/Dosing Times

MedMark Fort Worth
5201 McCart Avenue
Fort Worth, TX 76115

Date	Client ID	Name	Counselor	Service	Service Date	Service Start Time	Service End Time	Dose Time	Dose Amount
------	-----------	------	-----------	---------	--------------	--------------------	------------------	-----------	-------------

lp revision 2.4.16

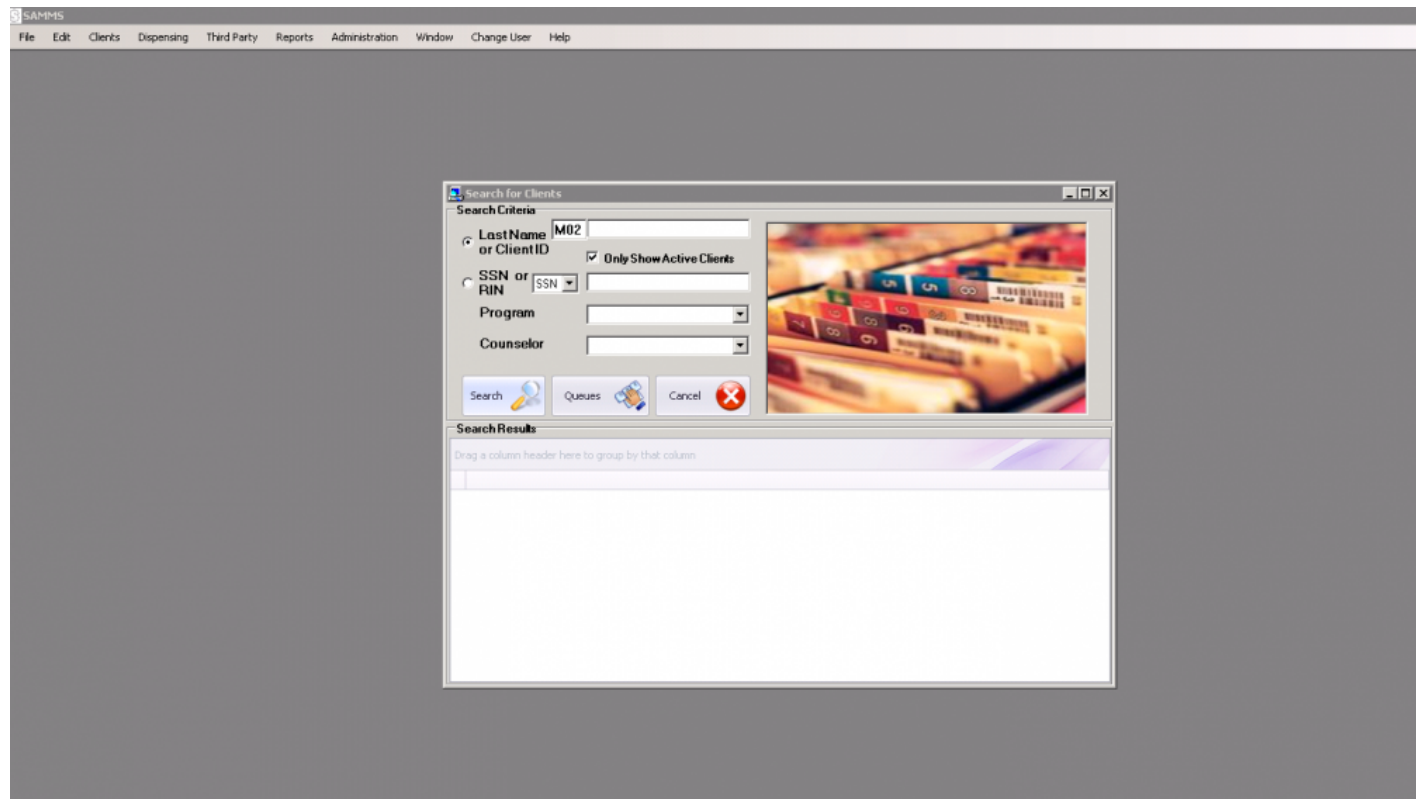
Counselor Units By Program

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



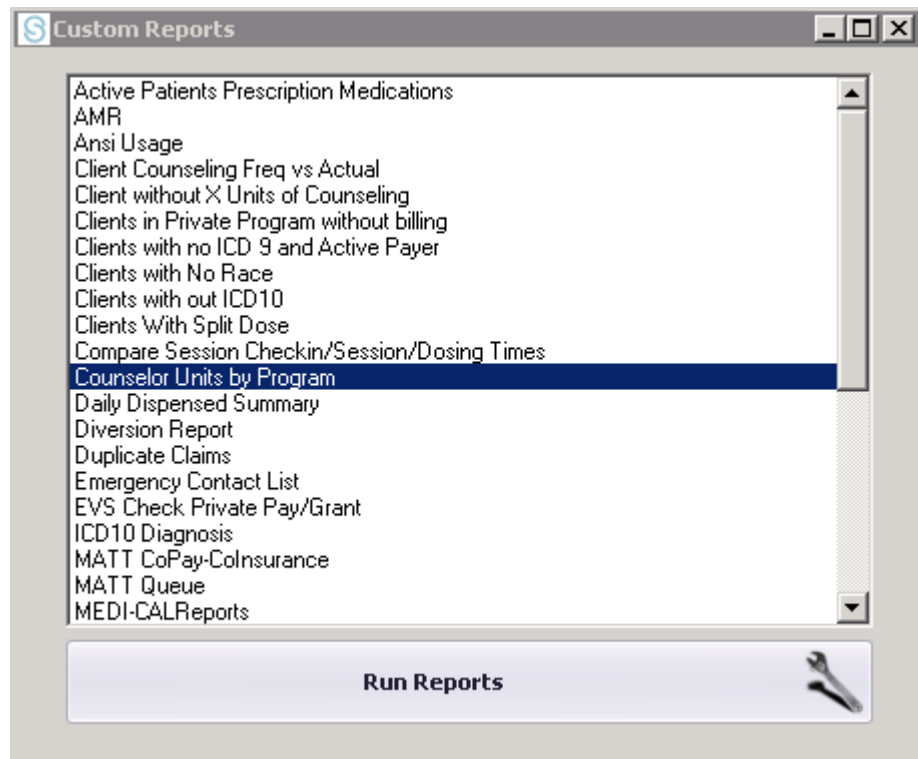
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select Counselor Units By Program from the custom report list:

The following report will generate:



Counselor Caseloads Units

Date Range: 1/1/2016 - 1/30/2016

Counselor	Program	Units
	Inquiry	
		1
		1
	Total	1

Page 1 of 1

lp revision 2.3.16

Daily Dispensed Summary

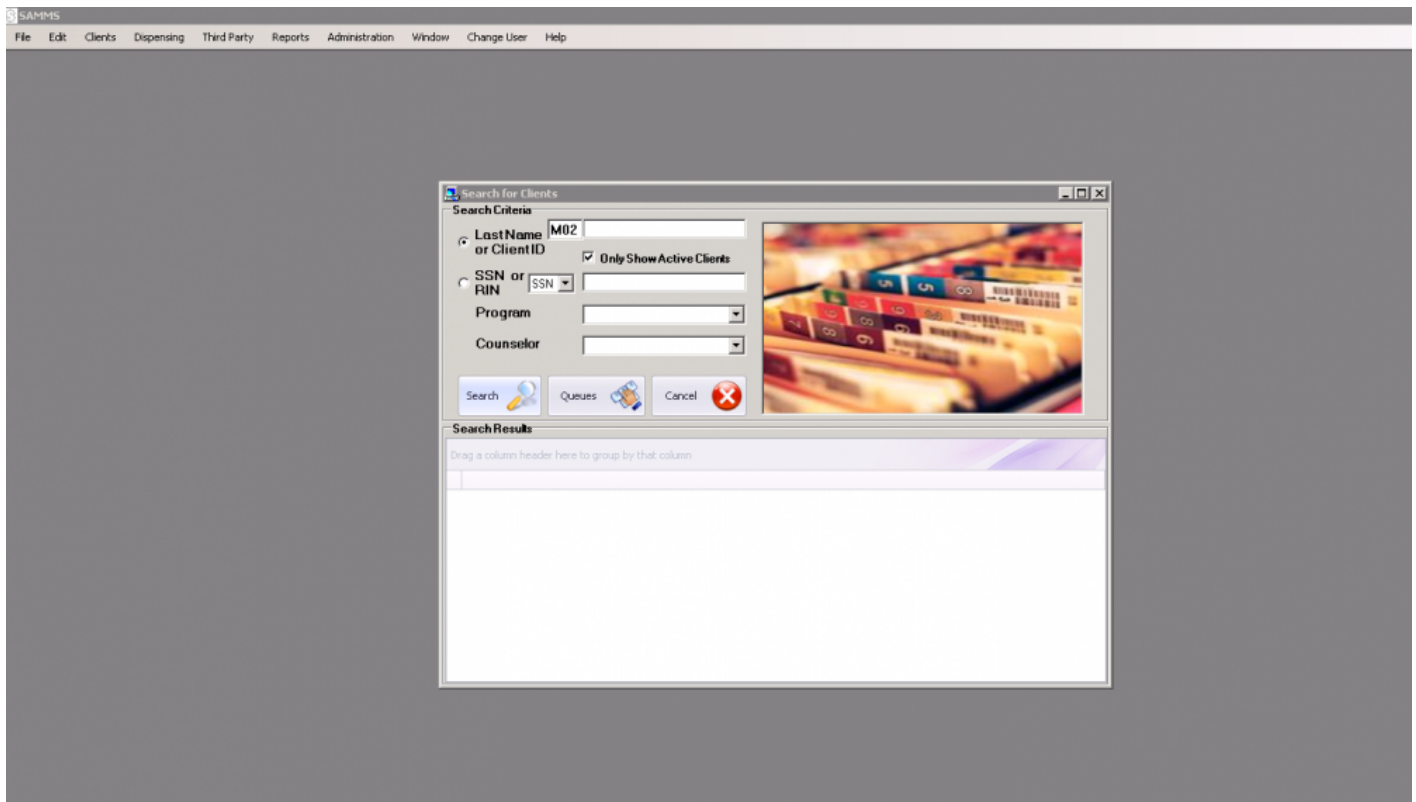
This report identifies the total amount of medication dispensed by date or date range.

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

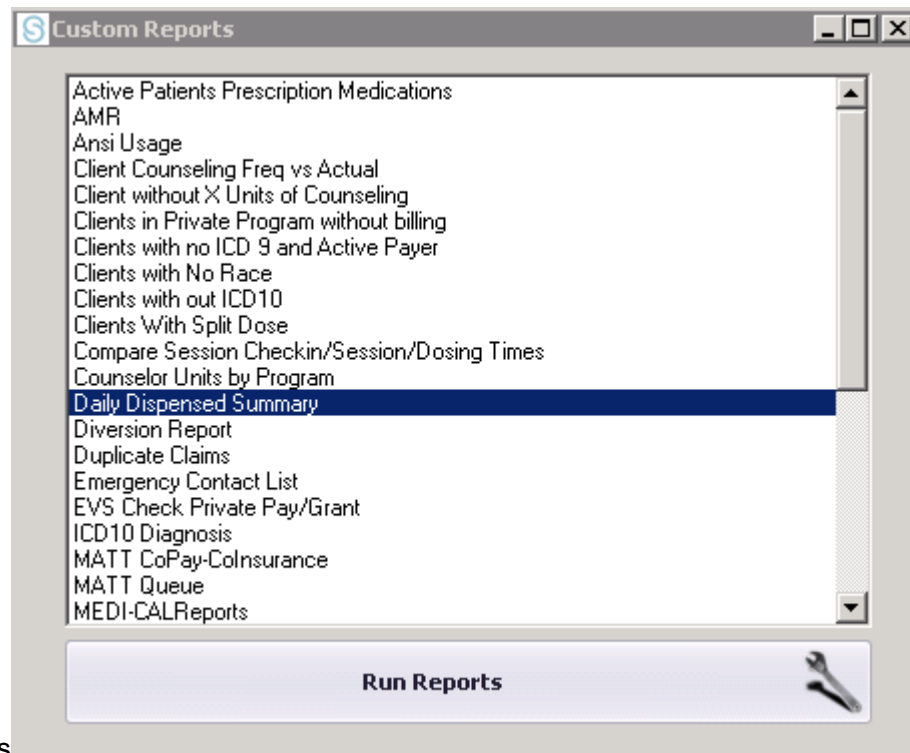
Step 5: Set Report Date(s)

Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5



Select Custom Reports

Select the Daily Dispensed Summary from the Custom Report list:

The following report will generate:



Daily Dispensing Summary

1/1/2016 to 1/30/2016

Dispense Date	Methadone Liquid	Total Dispensed
1/1/2016	0 mg	0 mg
1/2/2016	0 mg	0 mg
1/3/2016	0 mg	0 mg
1/4/2016	0 mg	0 mg
1/5/2016	0 mg	0 mg
1/6/2016	0 mg	0 mg
1/7/2016	0 mg	0 mg
1/8/2016	0 mg	0 mg
1/9/2016	0 mg	0 mg
1/10/2016	0 mg	0 mg
1/11/2016	0 mg	0 mg
1/12/2016	0 mg	0 mg
1/13/2016	0 mg	0 mg
1/14/2016	0 mg	0 mg
1/15/2016	0 mg	0 mg
1/16/2016	0 mg	0 mg
1/17/2016	0 mg	0 mg
1/18/2016	0 mg	0 mg
1/19/2016	0 mg	0 mg
1/20/2016	0 mg	0 mg
1/21/2016	0 mg	0 mg
1/22/2016	0 mg	0 mg
1/23/2016	0 mg	0 mg
1/24/2016	0 mg	0 mg
1/25/2016	0 mg	0 mg
1/26/2016	0 mg	0 mg
1/27/2016	0 mg	0 mg
1/28/2016	0 mg	0 mg
1/29/2016	0 mg	0 mg

Ip revision 2.3.16

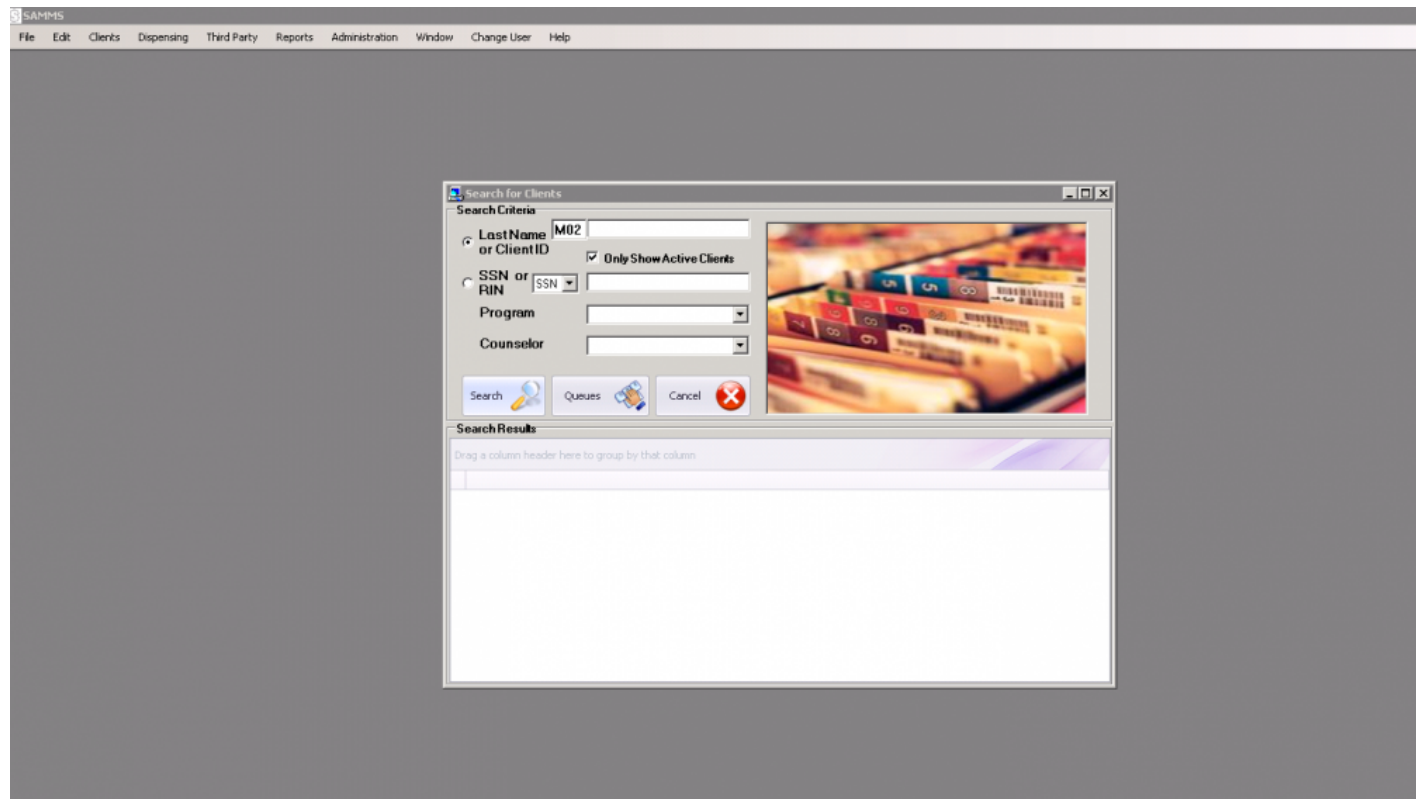
Diversion Report

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

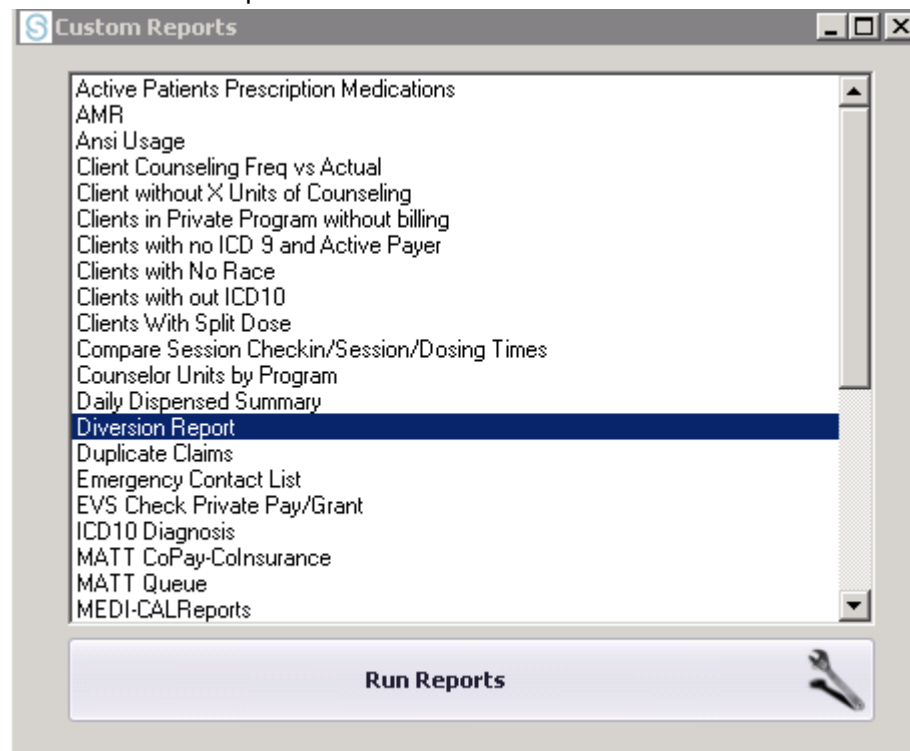
Step 6: View or Print Report

View Report

Custom Reports


Skip Steps 1-5

Select Custom Reports



Select Diversion Report from the custom report list

The following report will generate:


samms

Diversion Schedule

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

clt ID	Last	First	Counselor	Program
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lp revision 2.4.16

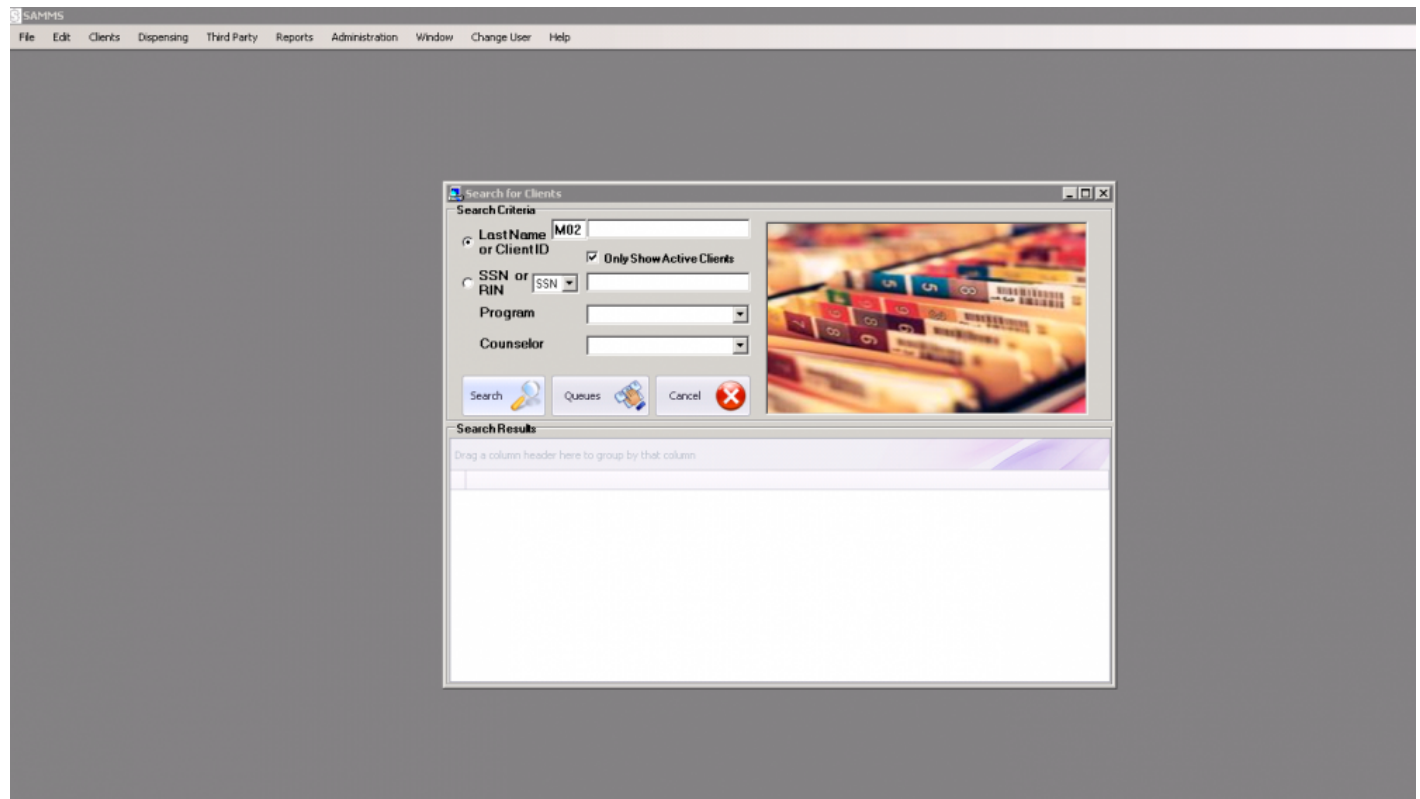
Duplicate Claims

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

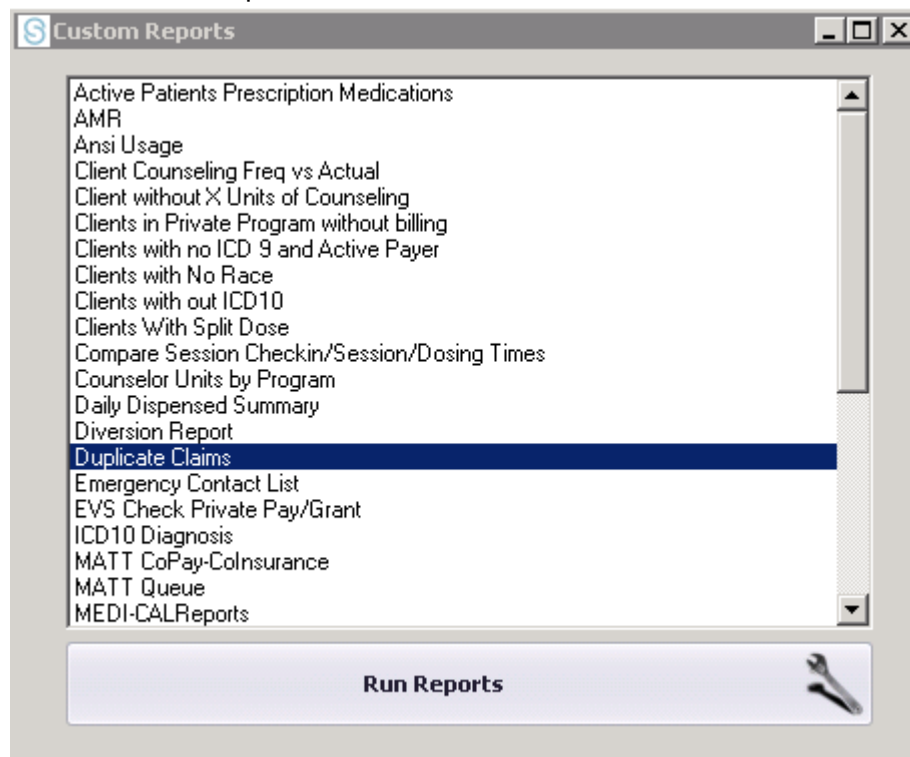
Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports



Select Duplicate Claims from the custom report list

The following report will generate:



Duplicate Claims

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

clt M4ID	clt LName	clt FName	ds Txt Srv	ds Dt Start	payer	numdups
----------	-----------	-----------	------------	-------------	-------	---------

lp revision 2.4.16

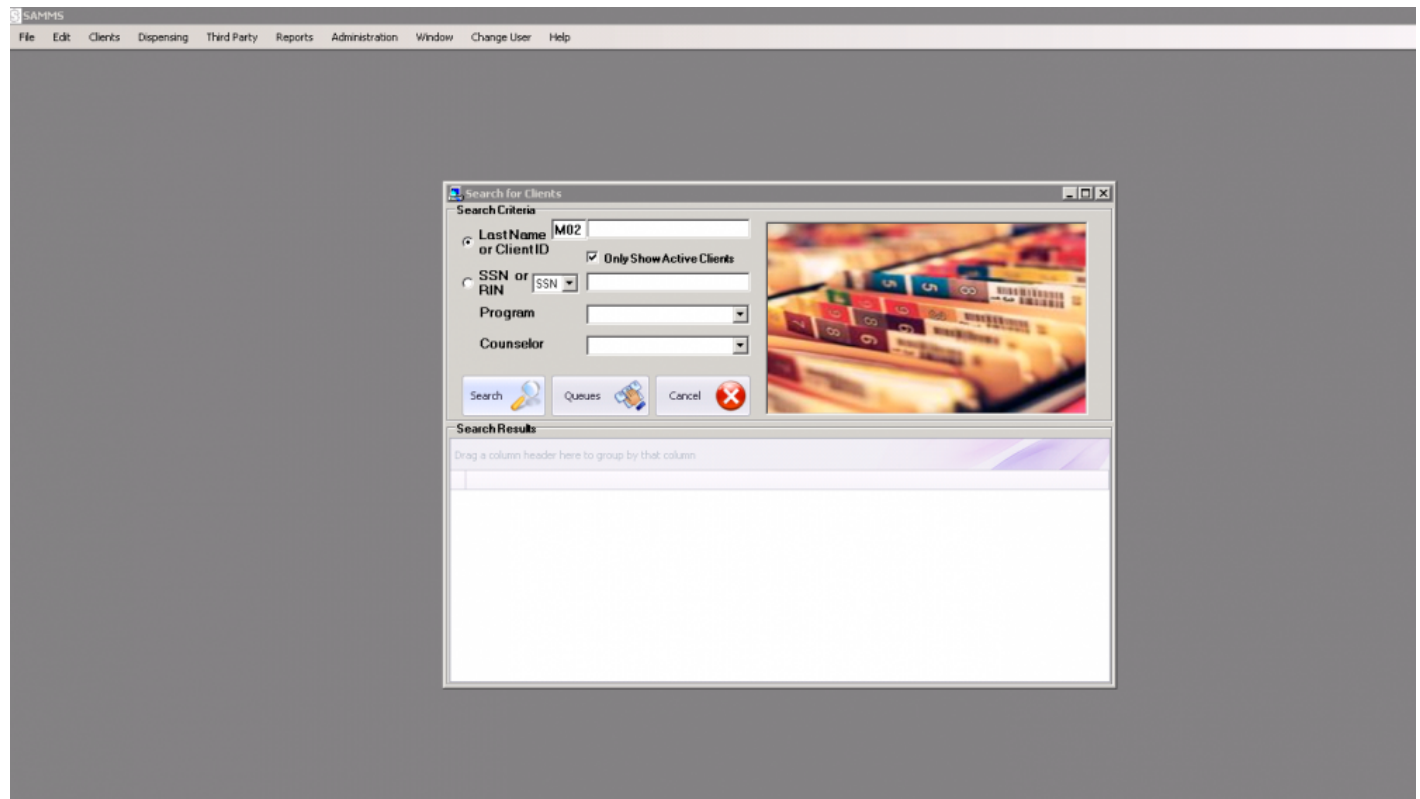
Emergency Contact List

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



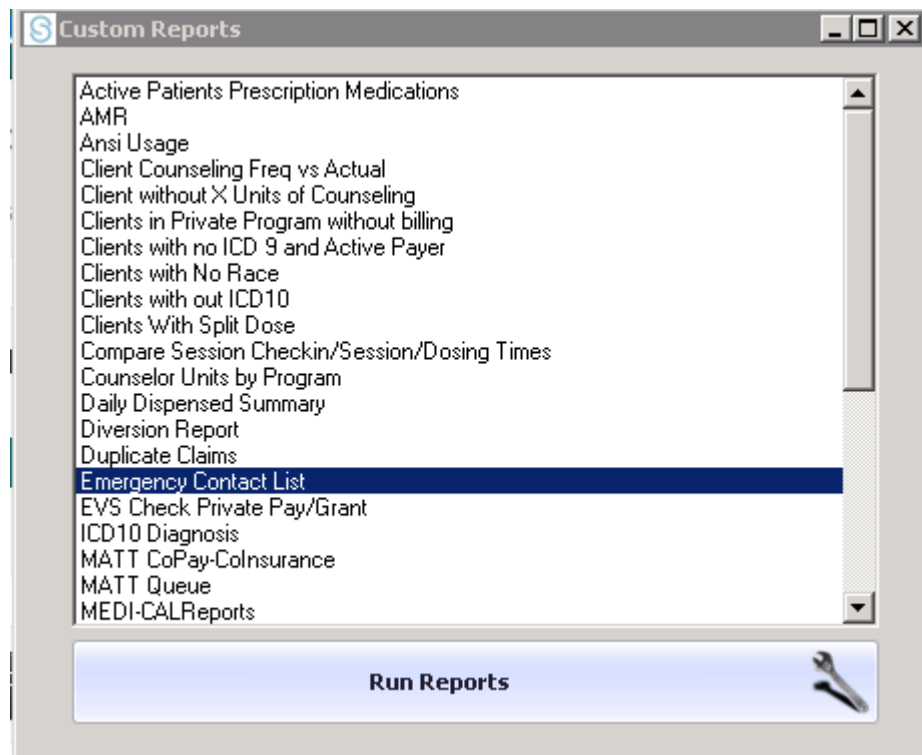
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.


Skip Steps 1-5

Select Custom Reports



Select Emergency Contact List from the custom reports list

The following report will generate:



Emergency Contacts

MedMark Fort Worth
5201 McCart Avenue
Fort Worth, TX 76115

Clt ID	Last	First	Program	Counselor	Contact Name	Contact Phone	Relationship	ROI Signed
--------	------	-------	---------	-----------	--------------	---------------	--------------	------------

Ip revision 2.4.16

EVS Check Private Pay/Grant

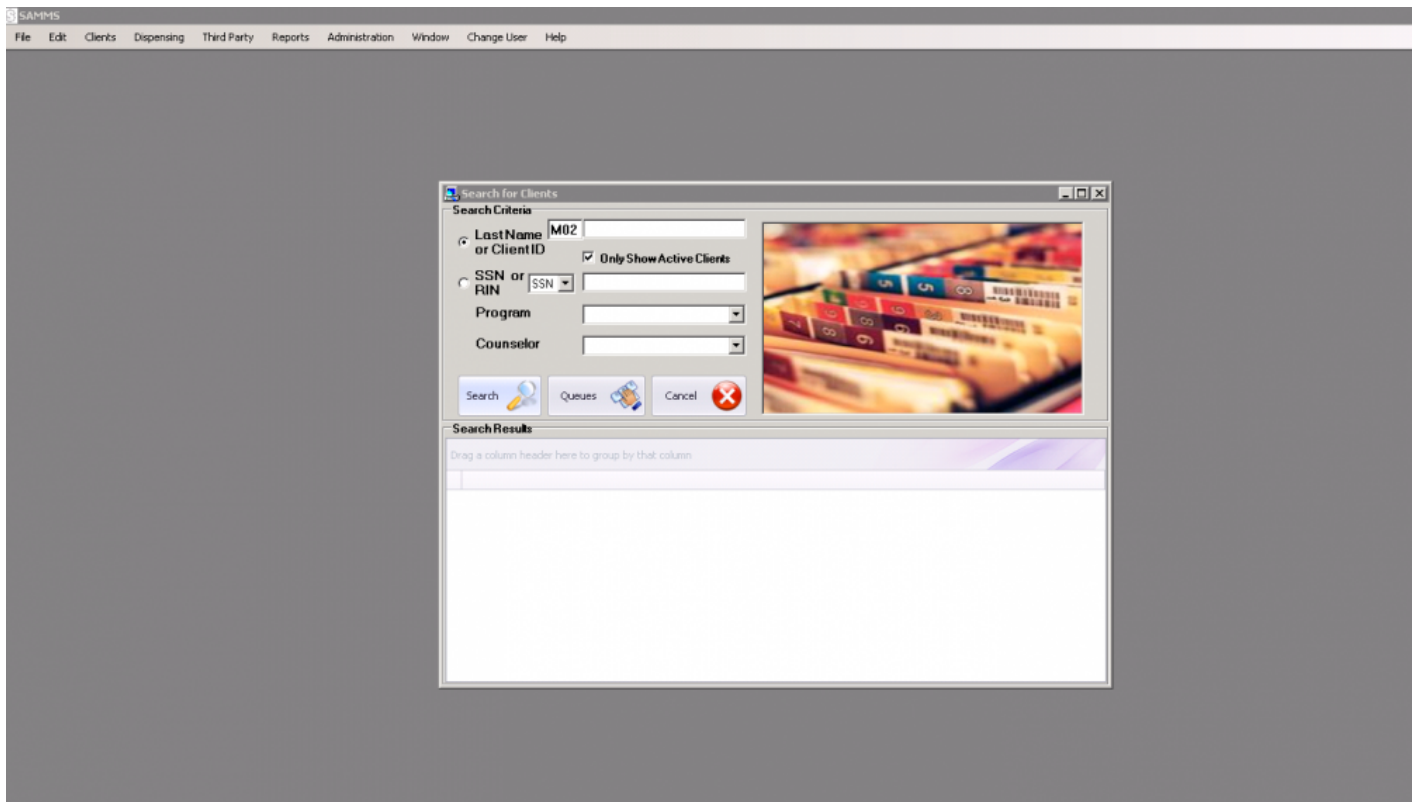
The EVS Report identifies active patients that may have lost eligibility.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



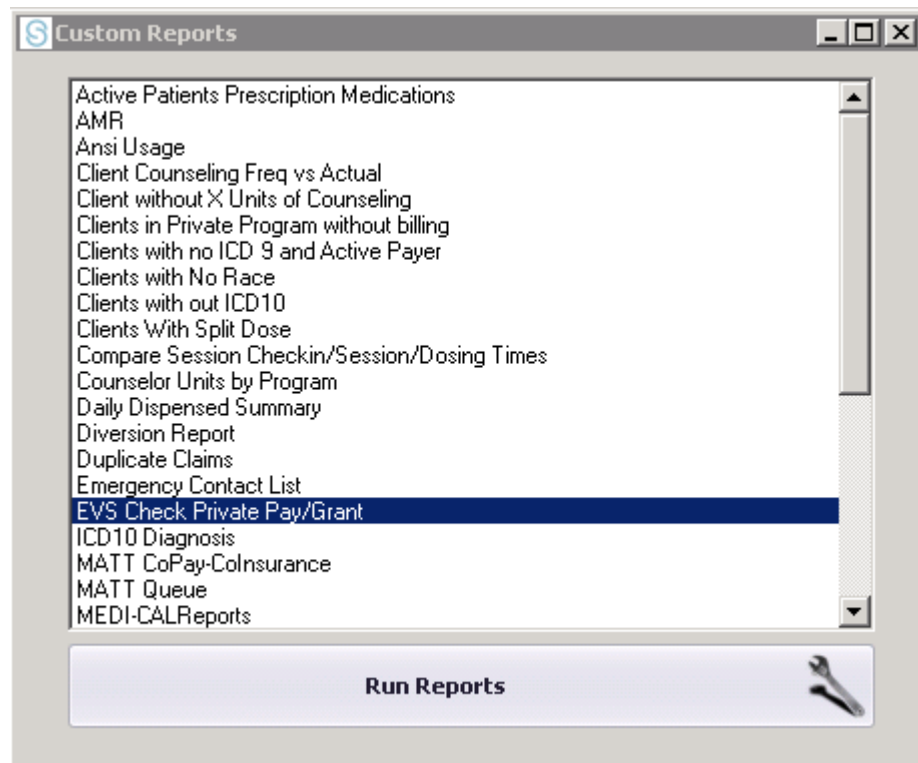
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select EVS Check Private Pay/Grant from the custom reports list:

The following report will generate:



EVS Check for Grant/Private Pay

samms

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

lprice

Client ID	Client	DOB	G	SSN	RIN	Enroll Date	Medicaid	End Date
-----------	--------	-----	---	-----	-----	-------------	----------	----------

lp revision 2.4.16

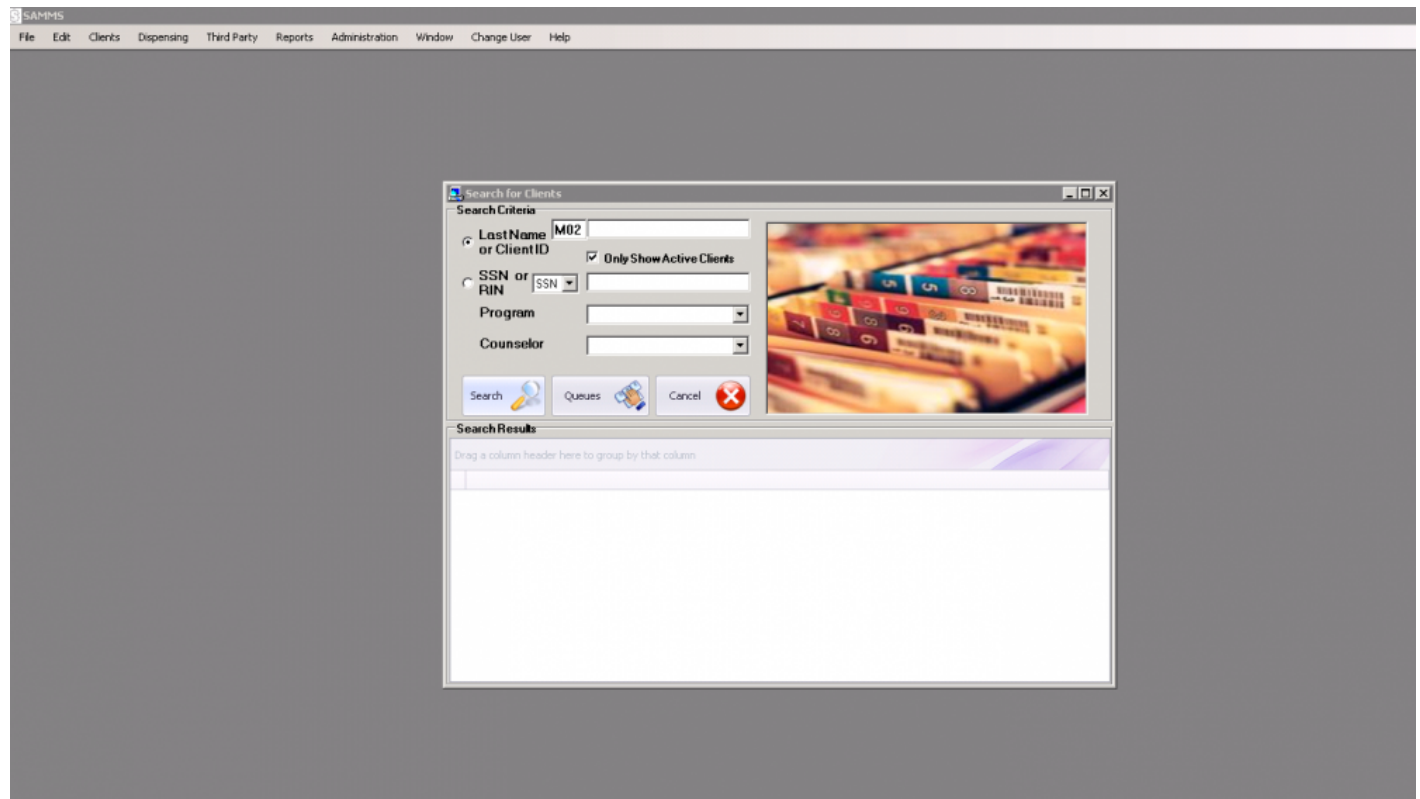
ICD 10 Diagnosis

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



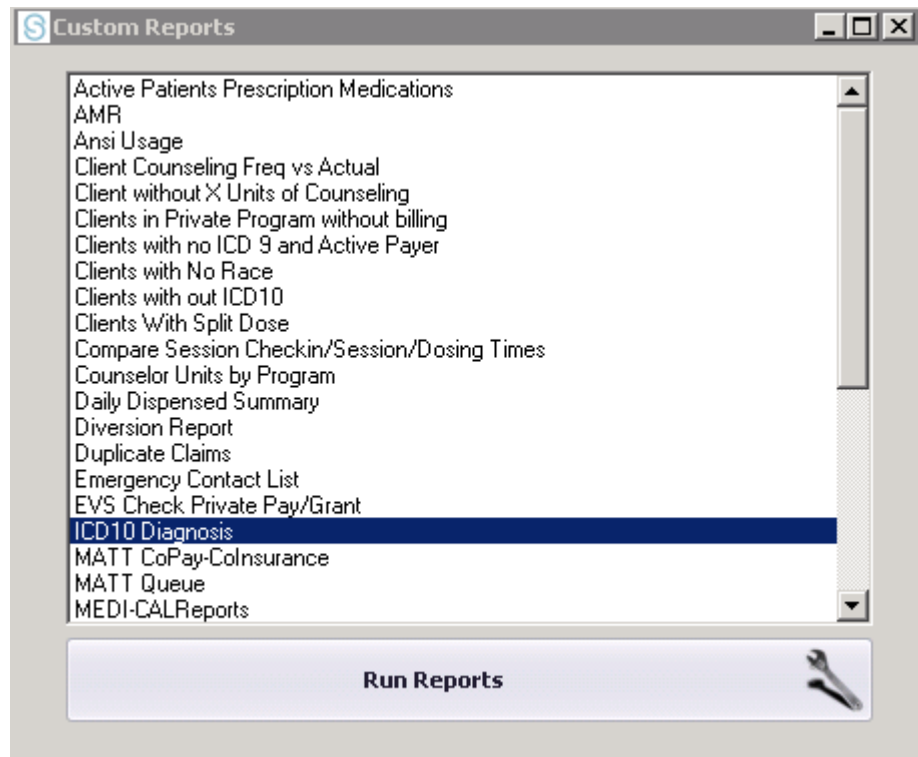
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date(s).
- Step 6: View or Print Report**: Two buttons are located here:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select ICD 10 Diagnosis from the custom report list

The following report will generate:



Active Client Report - ICD Diagnosis

MedMark Fort Worth
5201 McCart Avenue
Fort Worth, TX 76115

Counselor	Client ID	Last Name	First Name	DOB	Program	Medication	Dose
		General ASI Comment:					
		Medical ASI Comment:					
		Psych. ASI Comment:					
		Primary Diagnosis: (Circle One)	F1120 F11220 F11221 F11222 F11229 F1123 F1124 F11250 F11251 F11259 F11281 F11282 F11288 F1129	Opioid dependence, uncomplicated Opioid dependence with intoxication, uncomplicated Opioid dependence with intoxication delirium Opioid dependence w intoxication with perceptual disturbance Opioid dependence with intoxication, unspecified Opioid dependence with withdrawal Opioid dependence with opioid-induced mood disorder Opioid depend w opioid-induc psychotic disorder w delusions Opioid depend w opioid-induc psychotic disorder w hallucin Opioid dependence w opioid-induced psychotic disorder, unsp Opioid dependence with opioid-induced sexual dysfunction Opioid dependence with opioid-induced sleep disorder Opioid dependence with other opioid-induced disorder Opioid dependence with unspecified opioid-induced disorder			
		Secondary Diagnosis: (If Applicable)	1.				
			2.				
			3.				
		Physician Signature:	_____			Date:	_____

Ip revision 2.4.16

MATT Co-Pay/Co-Insurance

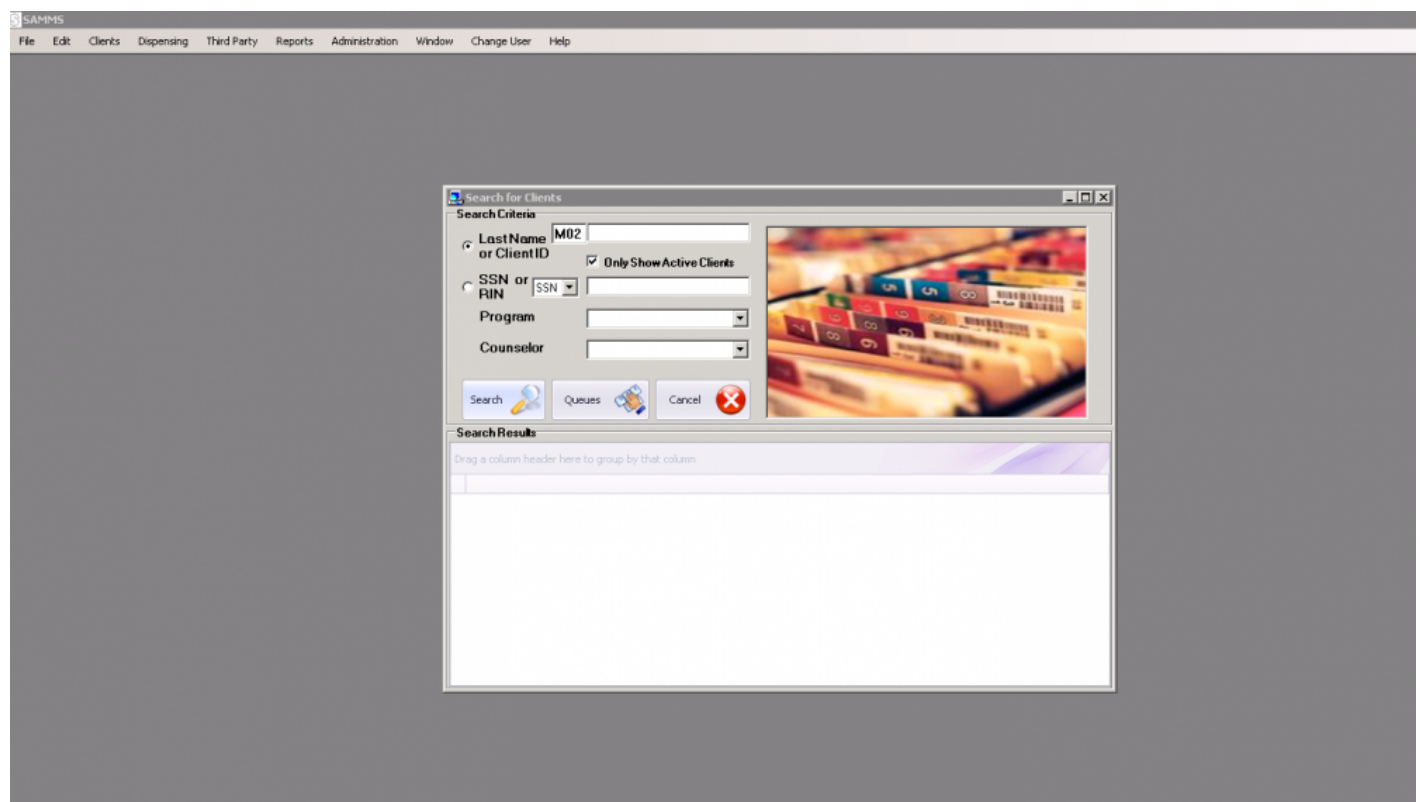
The following report provides a list of clients enrolled in an insurance plan requiring a Co-pay/
Coinsurance From your Main Screen, Click On Reports

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



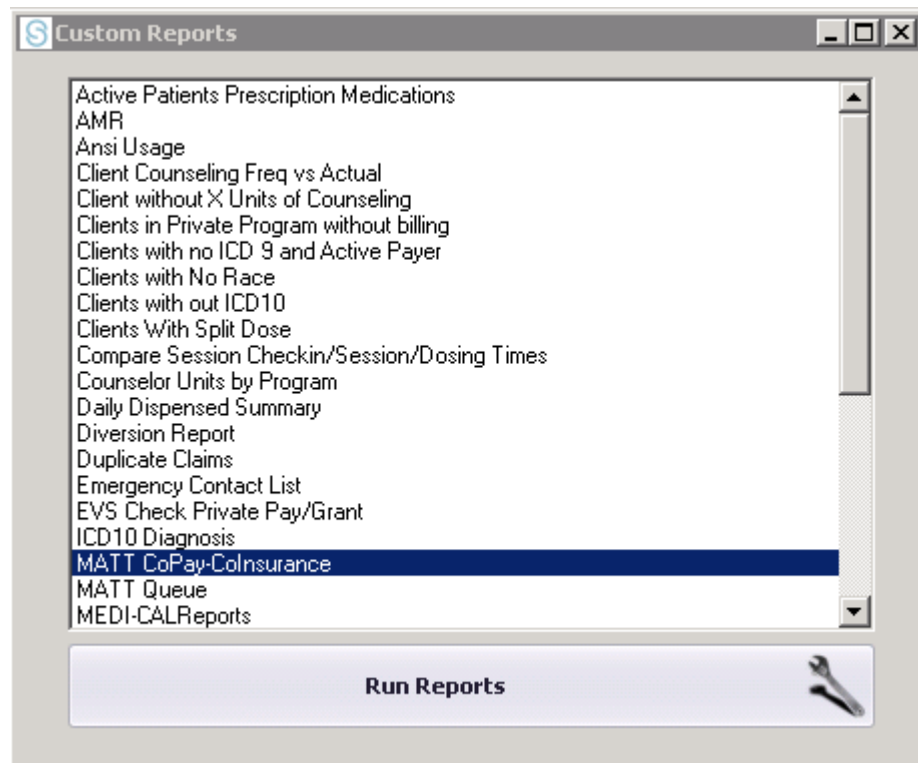
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



Select MATT Co-Pay/Co-Insurance Custom Report list

The following report should generate:



samms

CoPay-Coinsurance

MedMark Fort Worth
5201 McCart Avenue
Fort Worth, TX 7611

ID	Name	Bill Amount	Next Bill
	Total Copay-Coinsurance		

Page 1 of 1

Revised on 2.3.16

MATT Queue

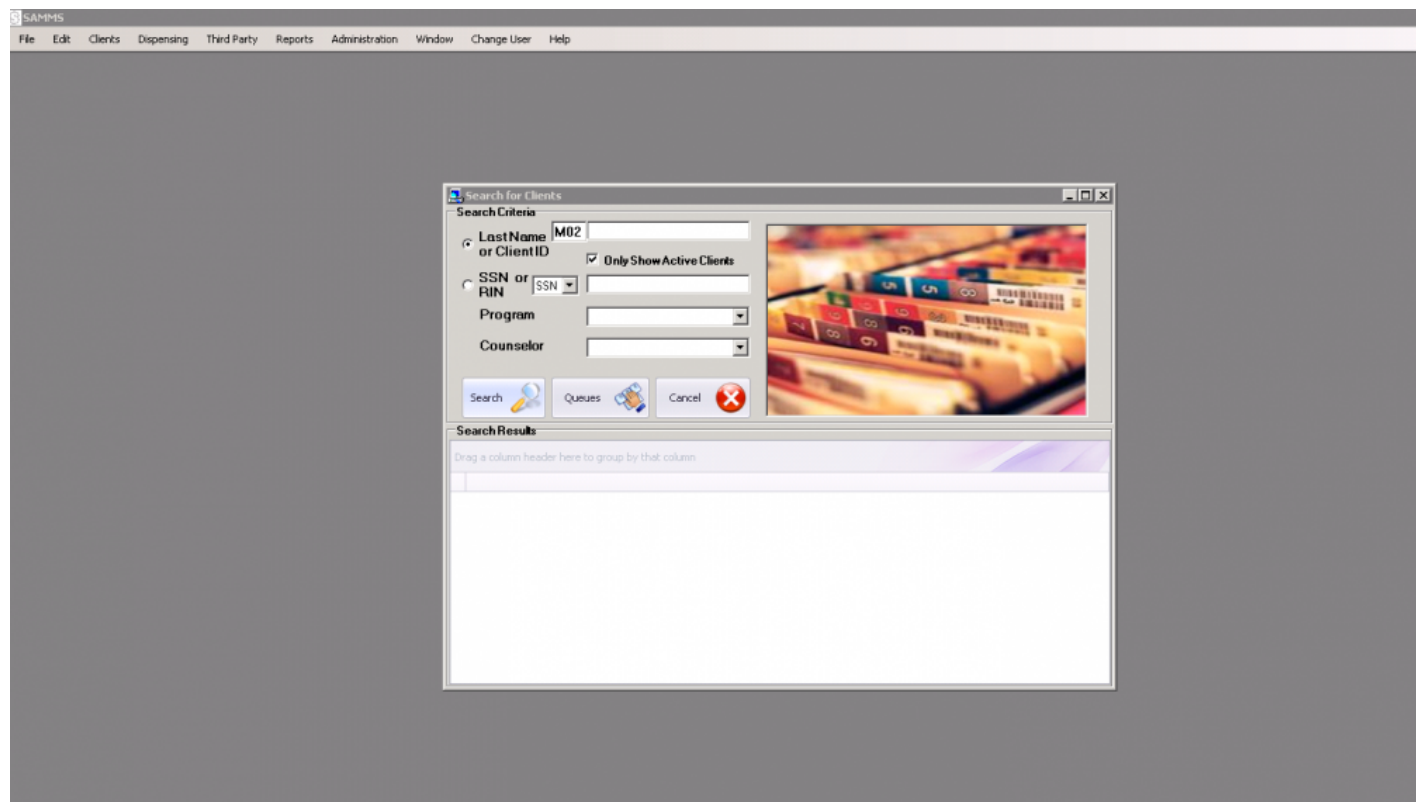
The following report displays EVS/Eligibility results for Belcamp only

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

SAMMS Reports

Step 1: Select Report Category

- Client Billing
- Third Party Billing
- Dosing
- Clients
- Services
- Testing
- Holds
- Admin Charts
- Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

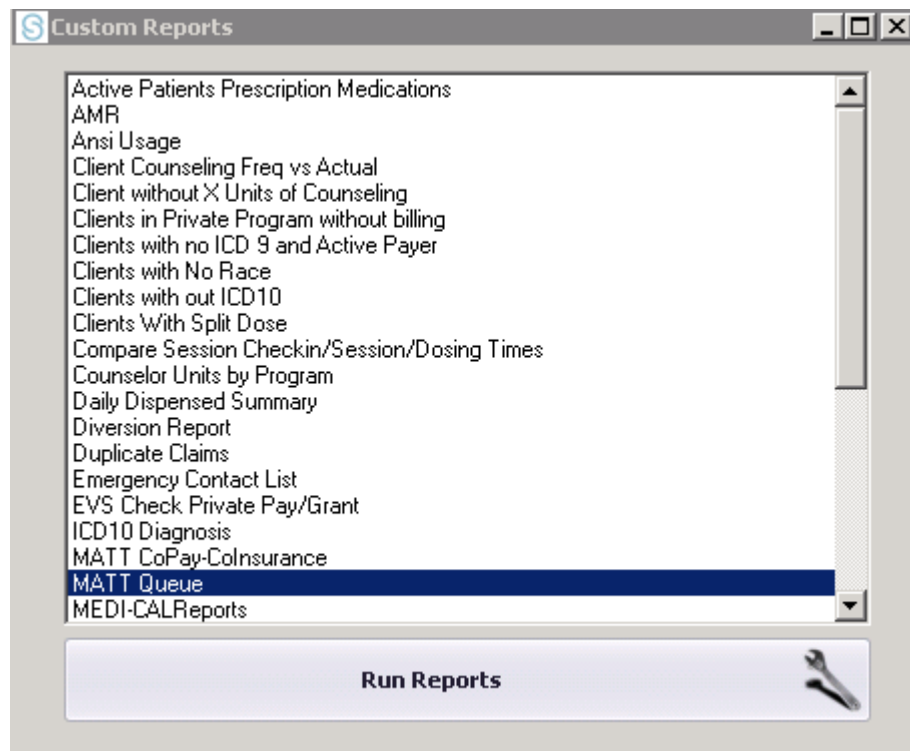
Step 6: View or Print Report

View Report 

Custom Reports 

Skip Steps 1-5

Select Custom Reports



Select MATT Queue from the custom reports list

The following report will generate:



MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

Time	ID	Name	Code	Amt	Doses
------	----	------	------	-----	-------

Page 1 of 1

Medi-Cal Reports

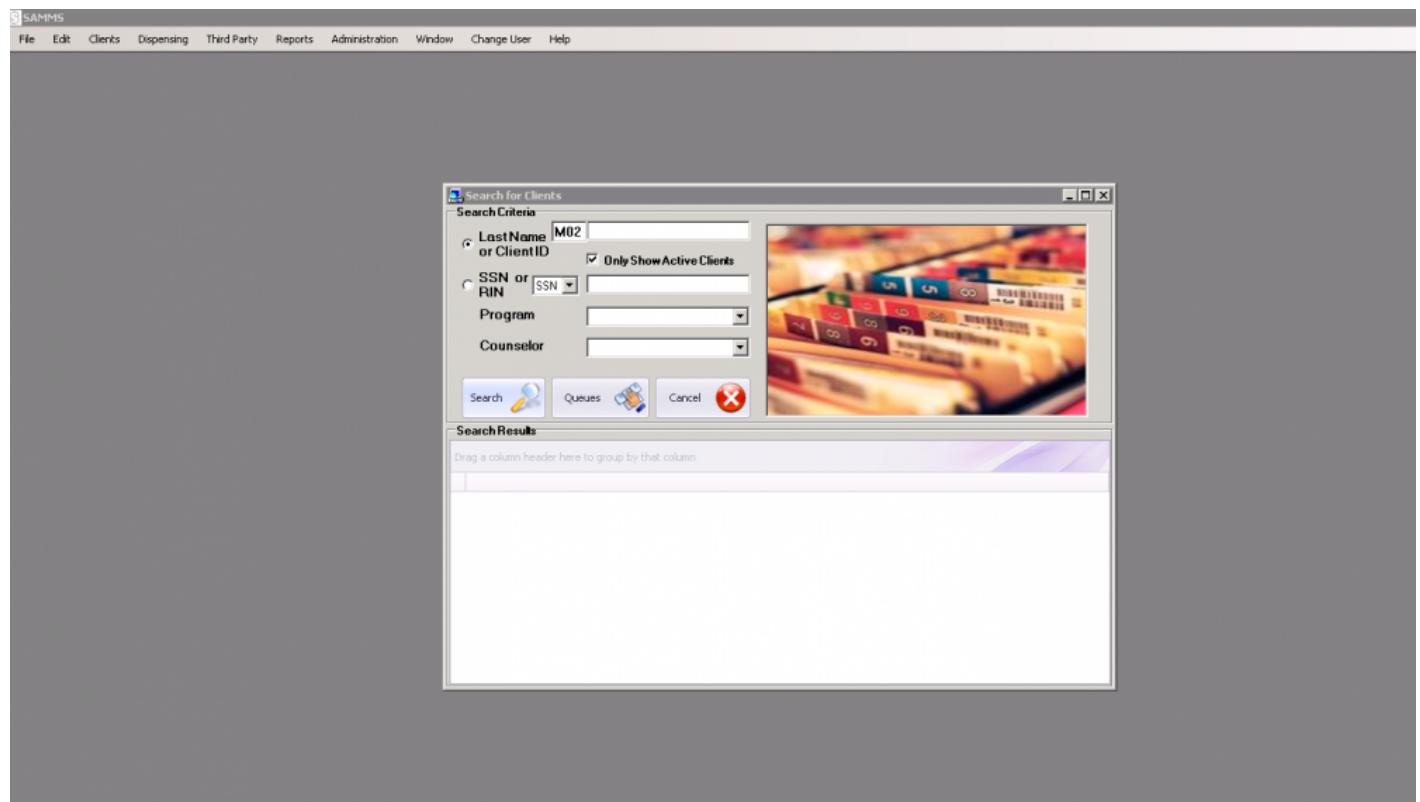
This report identifies eligibility for active patients within the California region only.

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

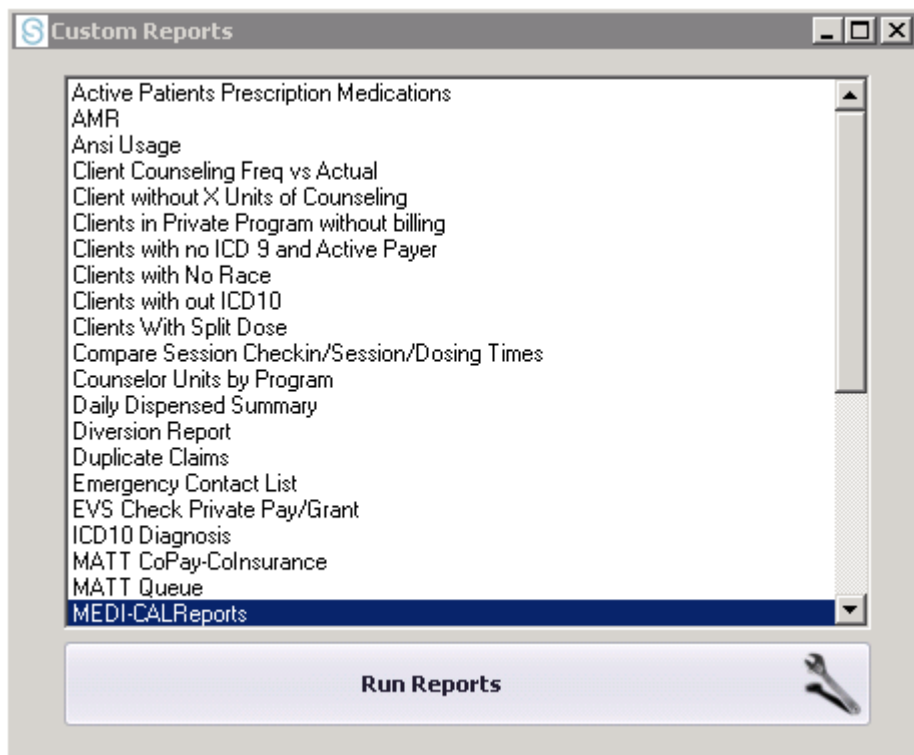
Step 5: Set Report Date(s)

Step 6: View or Print Report

View Report


Custom Reports

Skip Steps 1-5



Select Medi-Cal Reports from the custom reports menu

The following report will generate:

 Medi-Cal Clients		MedMark Fort Worth 5201 McCart Avenue Fort Worth, TX 76115		
Clt ID	Last Name	First Name	INSYST #	MEDI-CAL #

lp revision 2.4.16

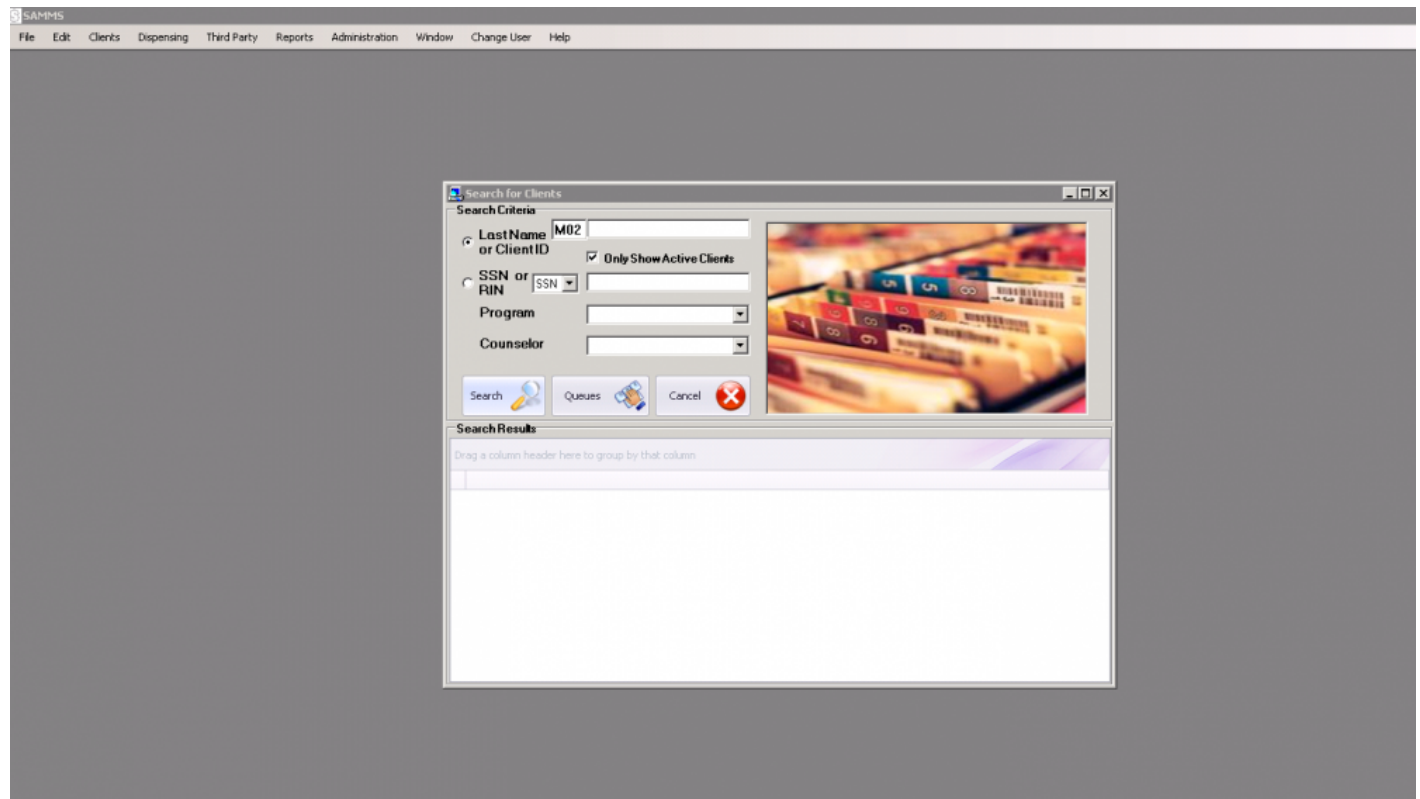
No Show after Pick up

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

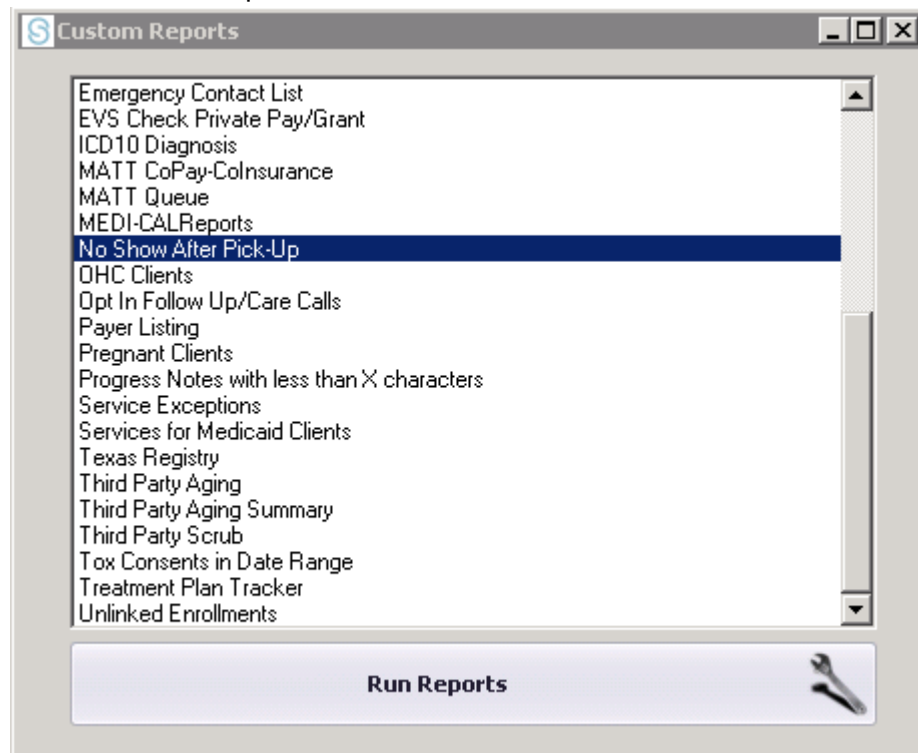
Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports



Select No Show after Pick from the custom report list

The following report will generate:



No Show After Pick-Up Report

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

Client ID	Client Name	Program	Missed Date
-----------	-------------	---------	-------------

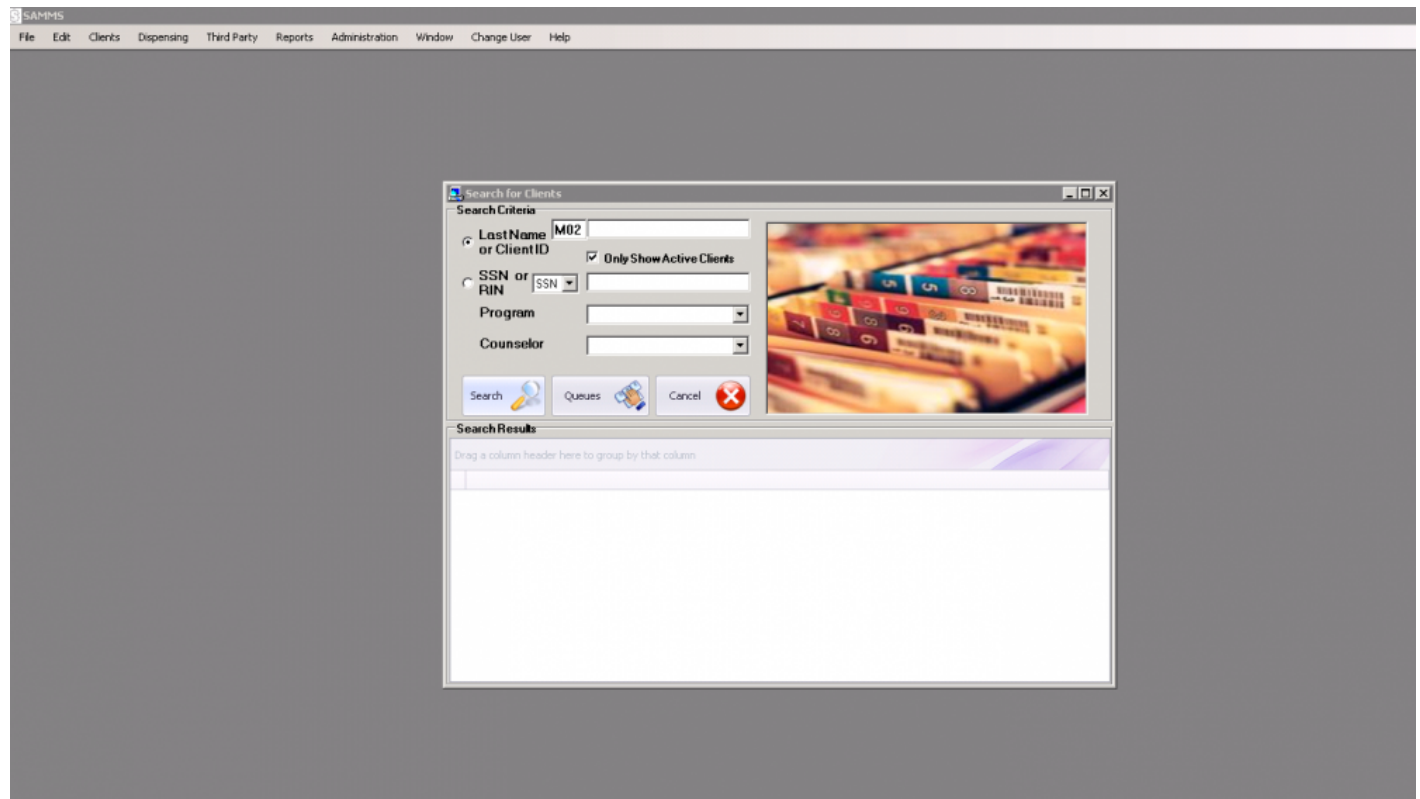
OHC Clients

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

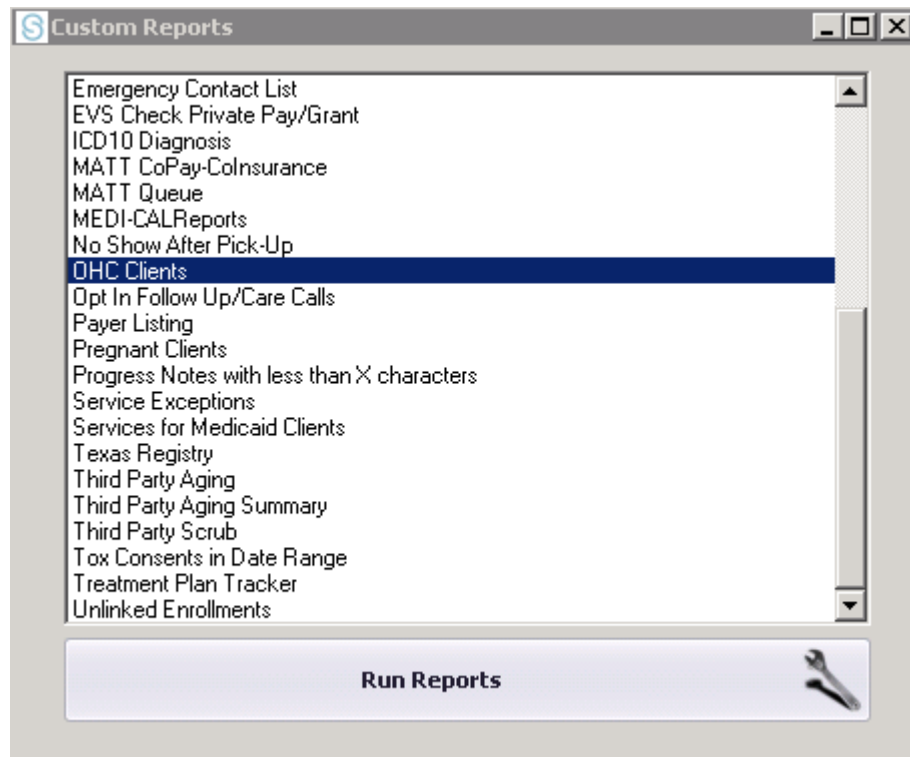
Step 4: Select Sorting Option

Step 5: Set Report Date(s)

Step 6: View or Print Report

View Report

Custom Reports



Skip Steps 1-5

Select Custom Reports



MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

Clt ID	Last	First	Payer	Subs ID	Group ID	Start	End
--------	------	-------	-------	---------	----------	-------	-----

Records Highlighted in Yellow are pregnant clients.

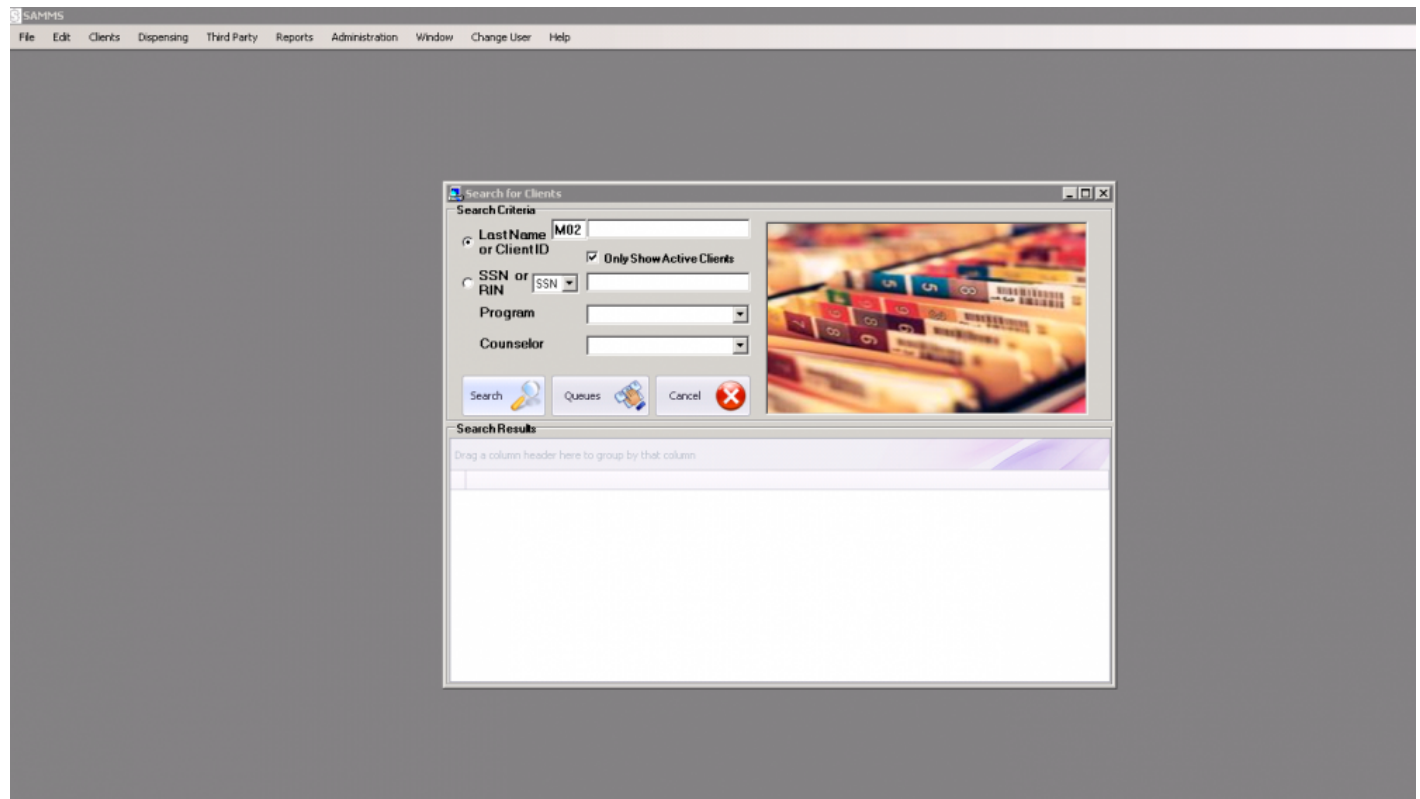
Opt In Follow-Up/Care Calls

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

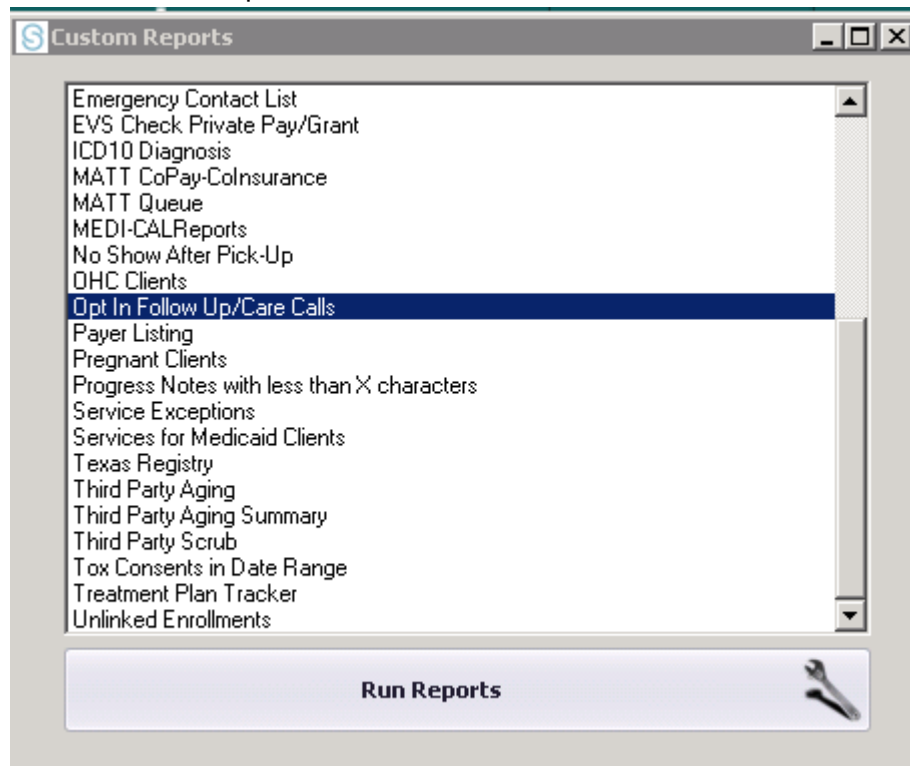
Step 6: View or Print Report

View Report

Custom Reports

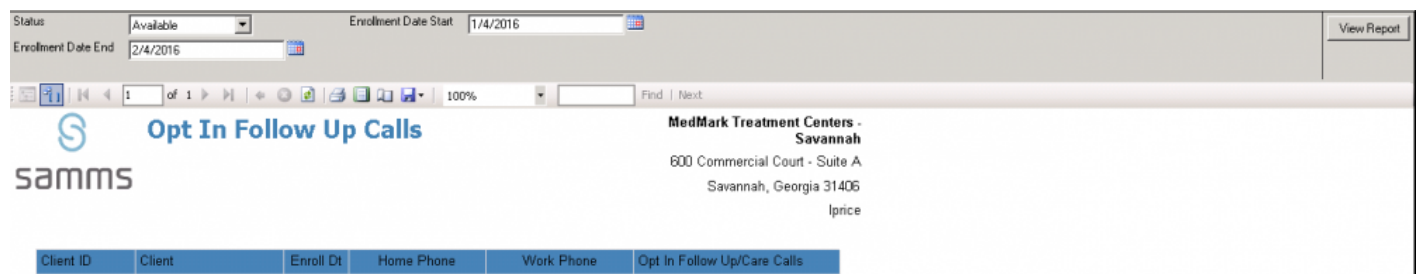
Skip Steps 1-5

Select Custom Reports



Select Opt In Follow-Up/Care Calls from the custom reports list

The following report will generate:



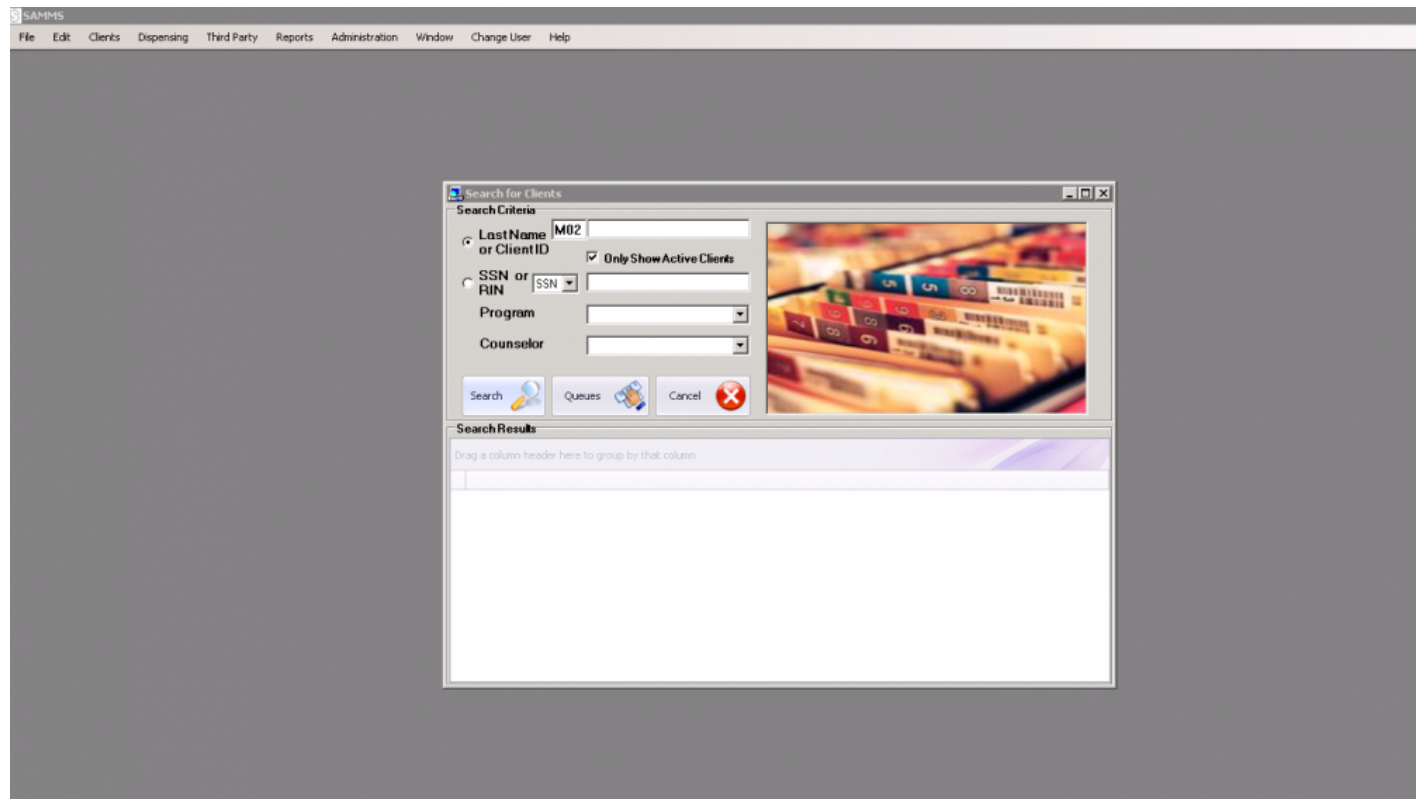
Payer Listing

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

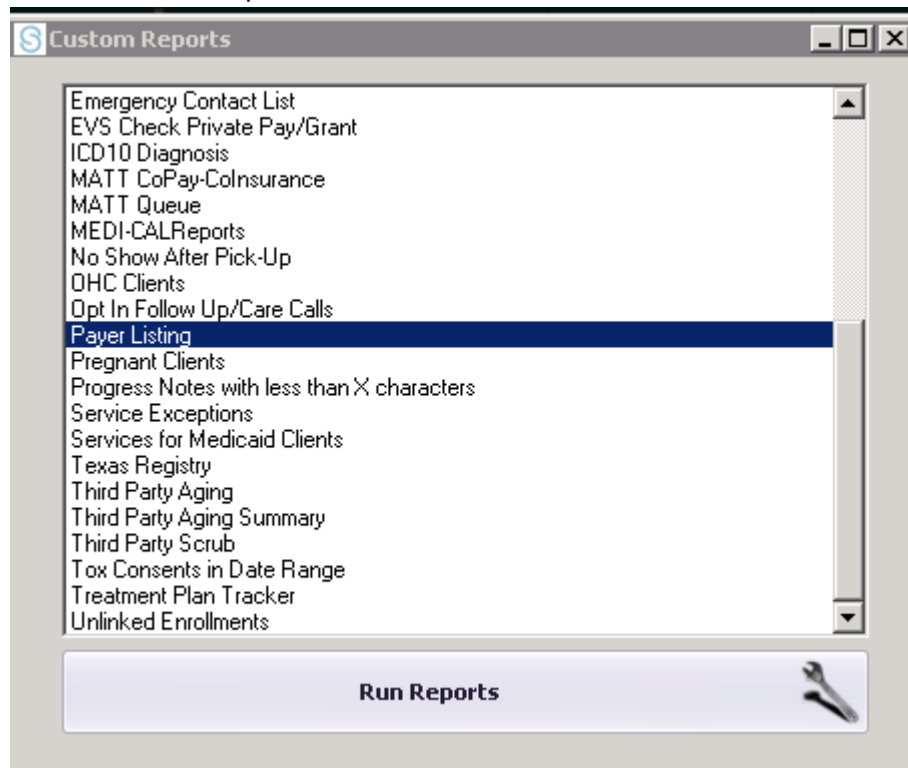
Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports





MedMark Fort Worth
5201 McCart Avenue
Fort Worth, TX 76115

Payer Number	pay NAME	pay REGION	Pay Address	pay CITY	pay ST	Payzip	pay PH	pay FX	pay NOTE	pay DEFAULTSUBMIT	pay AUTHFORMAT
60054	Aetna PO box 91007	Inactive	PO box 91007	El Paso	TX	799981107	8888723862			837I - Clearinghouse	Manual/Phone
38692	Aetna Better Health Inc. (Medicaid)	Texas	PO Box 569150	Dallas	TX	753569150	8003068612	8003068612	..	837P - Clearinghouse	Manual/Phone
63092	HealthSpring HMO/HealthSpring Medicare+Choice	Texas	PO Box 961804	El Paso	TX	79998	8002306138	8002306138		837P - Clearinghouse	270/271 Electronic
26375	Amerigroup Community Care	Texas	PO Box 61010	Virginia Beach	VA	234661010	8004543730	8004543730		837P - Clearinghouse	270/271 Electronic
26378	Amerigroup Corporation MD	Inactive	PO Box 61010	Virginia Beach	VA	234661010	8004543730	8004543730	Inactivated plan on 5/8/2015	837P - Clearinghouse	270/271 Electronic
THS01	Bravo Health	Texas	PO Box 961706	El Paso	TX	79998	8002910396	8002910396		837P - Clearinghouse	270/271 Electronic
02331	CIGNA Behavioral Health TX	Inactive	PO Box 188022	Chattanooga	TN	374227223	8004444558	8004444558		837P - Clearinghouse	Manual/Phone
02331	CIGNA PPO	Maryland	PO Box 188022	Chattanooga	TN	374227223	8002446224	8002446224		837P - Clearinghouse	270/271 Electronic
43324	Cook Children STAR Plan Beacon Hlth Strat	Texas	500 Unicorn Park #401	Woburn	MA	01801	8554817045			837P - Clearinghouse	Manual/Phone
CCHP1	Cook Children's Health Group (Non Par)	Inactive	PO Box 961295	Ft Worth	TX	76161	8009642247	8009642247		837P - Clearinghouse	Manual/Phone
68068	Superior Hlth Pln Texas (Cenpatico)	Texas	PO Box 6300	Farmington	MO	63640	8772646550	8772646550		837P - Clearinghouse	270/271 Electronic
01260	Magellan Health	Maryland	PO Box 1958	Maryland Heights	MD	63043				UB-04 - Paper	270/271 Electronic

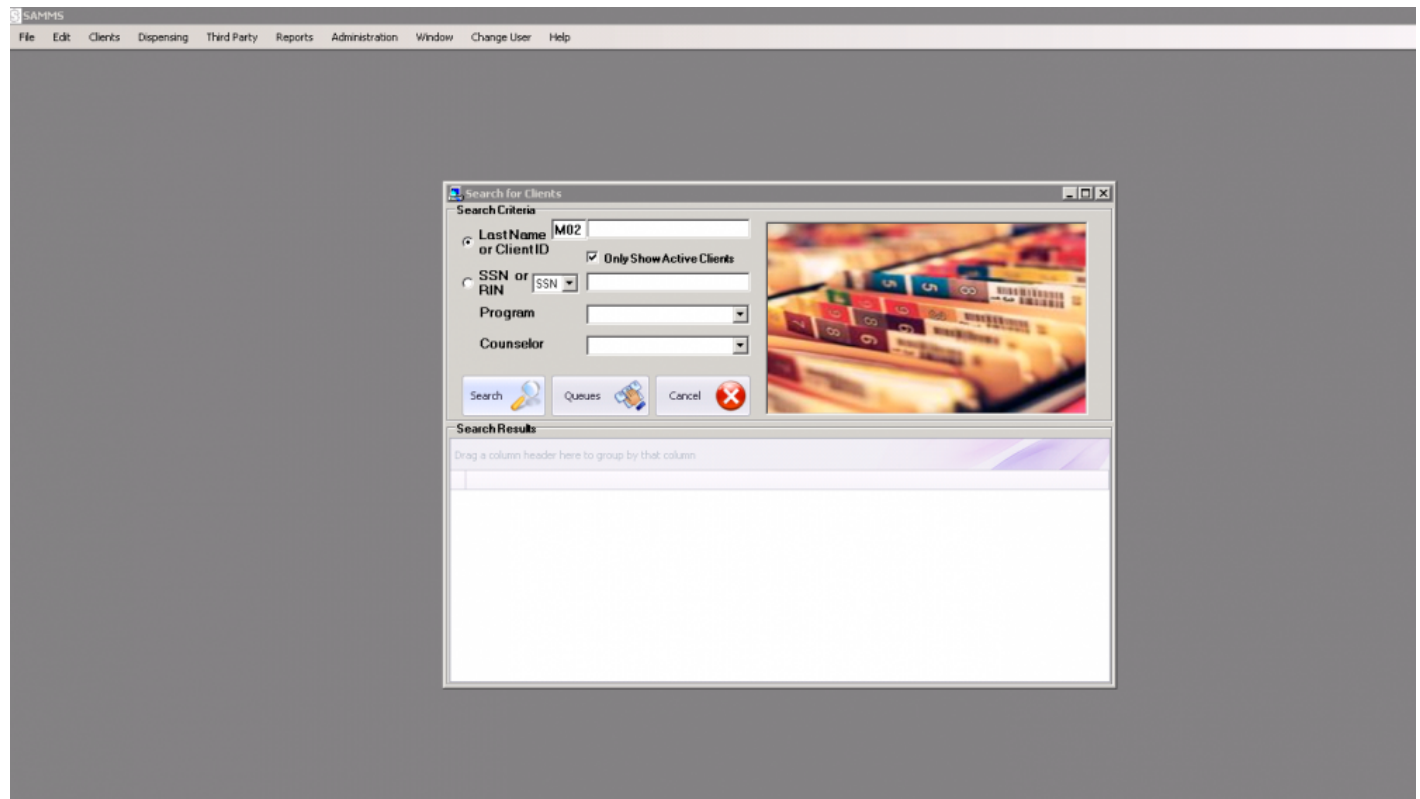
Pregnant Clients

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

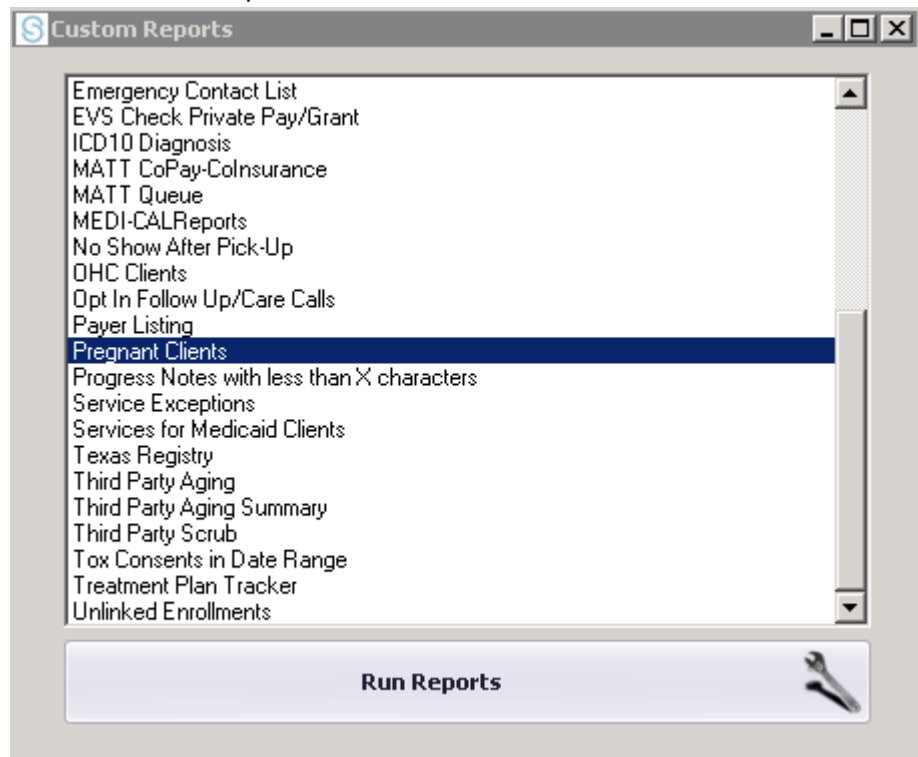
Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports

**MedMark Fort Worth**

5201 McCart Avenue

Fort Worth, TX 76115

Clt ID	Last	First	Expected Date of Delivery
UNKNOWN	FUNDS	UNAPPLIED	

Progress Notes with less than X Characters

The following report identifies incomplete notes or clinical documentation that might indicate an incomplete progress note.

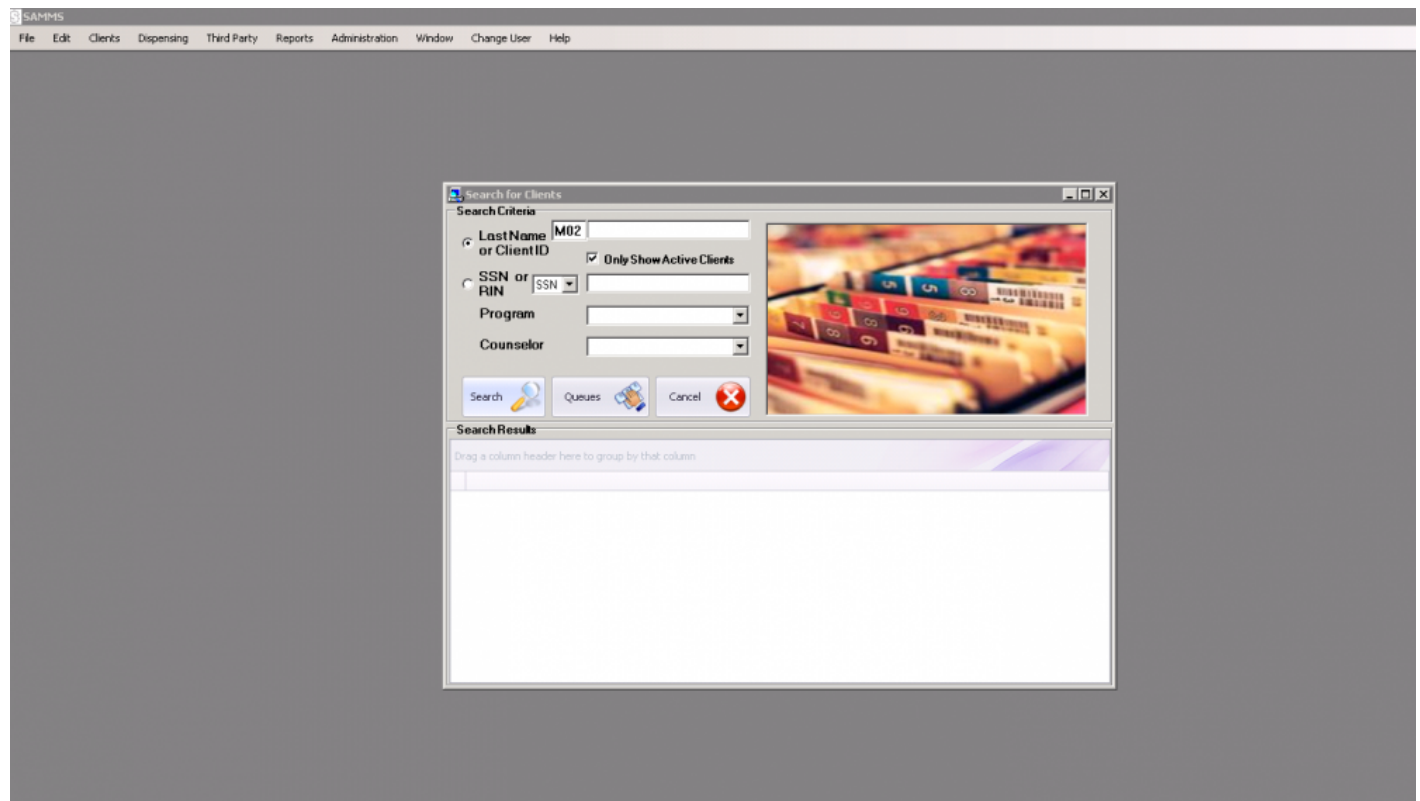
Characters (0-50)

To access this report:


From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:



Step 1: Select Report Category

Client Billing

Third Party Billing

Dosing

Clients

Services

Testing

Holds

Admin Charts

Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

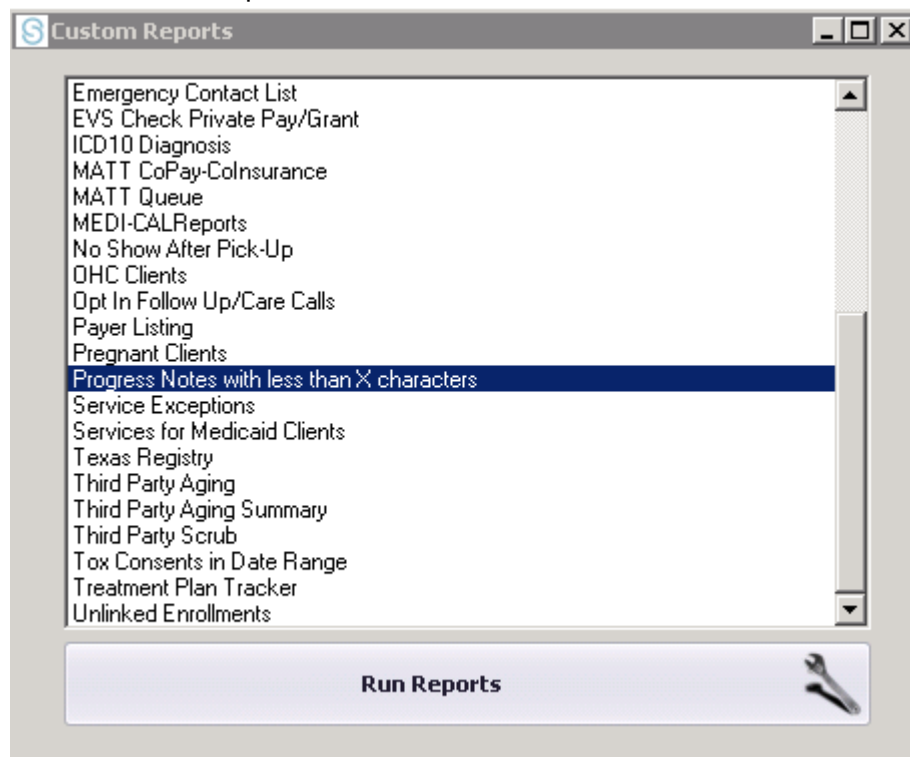
Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports



Progress Notes with less than 100 Characters

MedMark Fort Worth

5201 McCart Avenue
Fort Worth, TX 76115

Client	Program	Service	Date Added	Staff Code	Updated On	Updated Staff Code
--------	---------	---------	------------	------------	------------	--------------------

Notes: This report only includes clients who were active at all between the Start and End dates.
Clients are only shown if they meet the criteria within the date range - future services are not counted.

Page 1 of 1

Ip revision 2.3.16

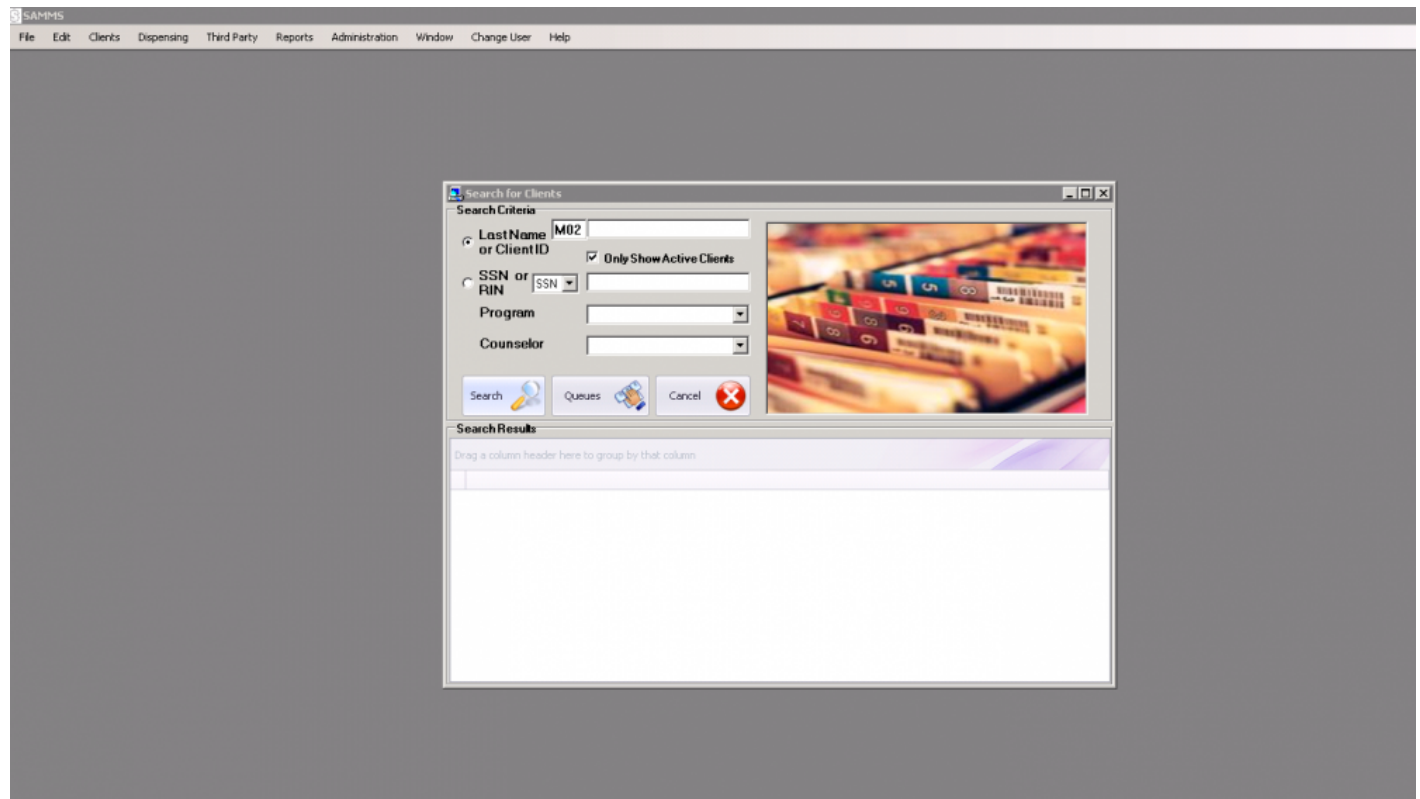
Service Exceptions

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located here:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



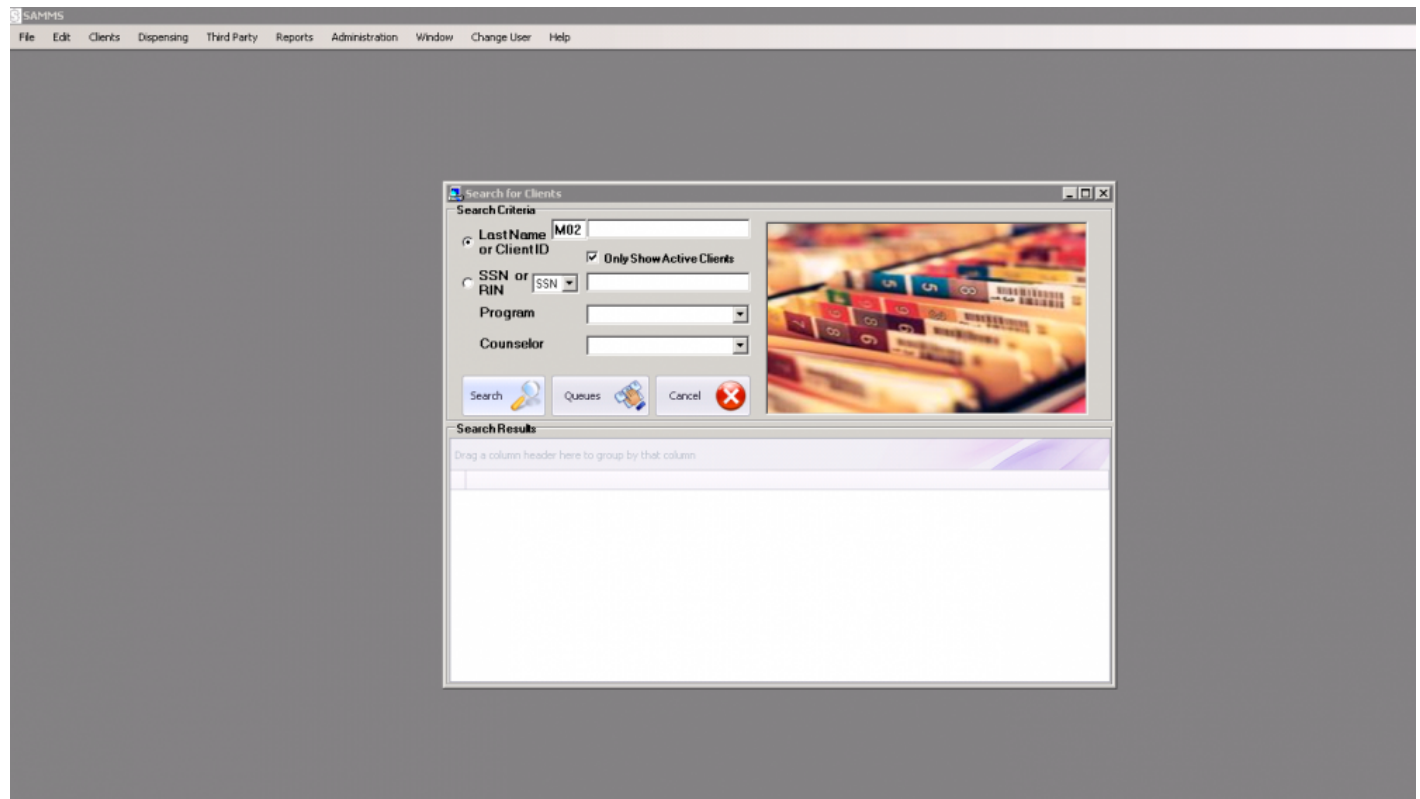
Services for Medicaid Clients

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

SAMMS Reports

Step 1: Select Report Category

- Client Billing
- Third Party Billing
- Dosing
- Clients
- Services
- Testing
- Holds
- Admin Charts
- Compliance


Step 2: Select Report


Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

Step 6: View or Print Report

View Report 

Custom Reports 

Skip Steps 1-5

Select Custom Reports



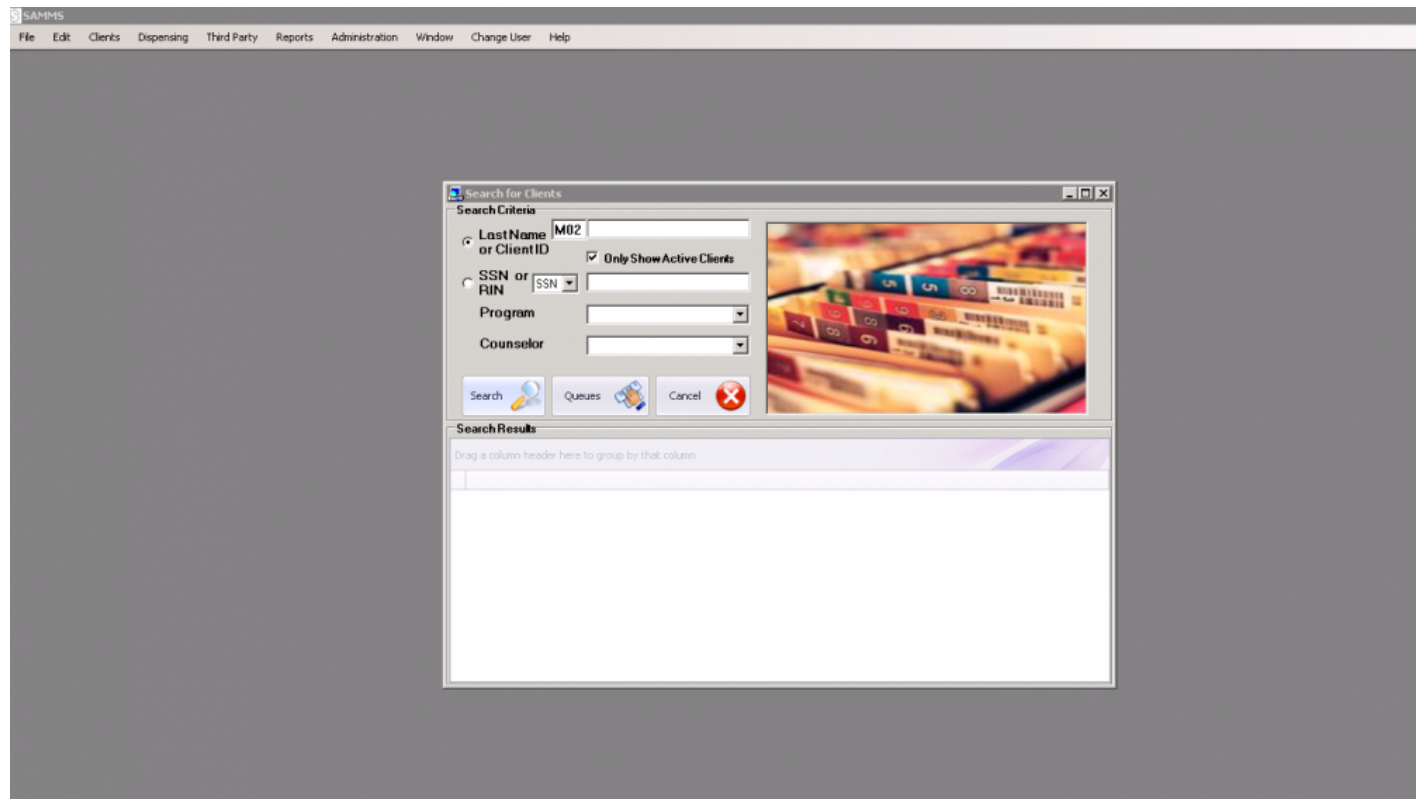
Texas Registry

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located on the right side:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports

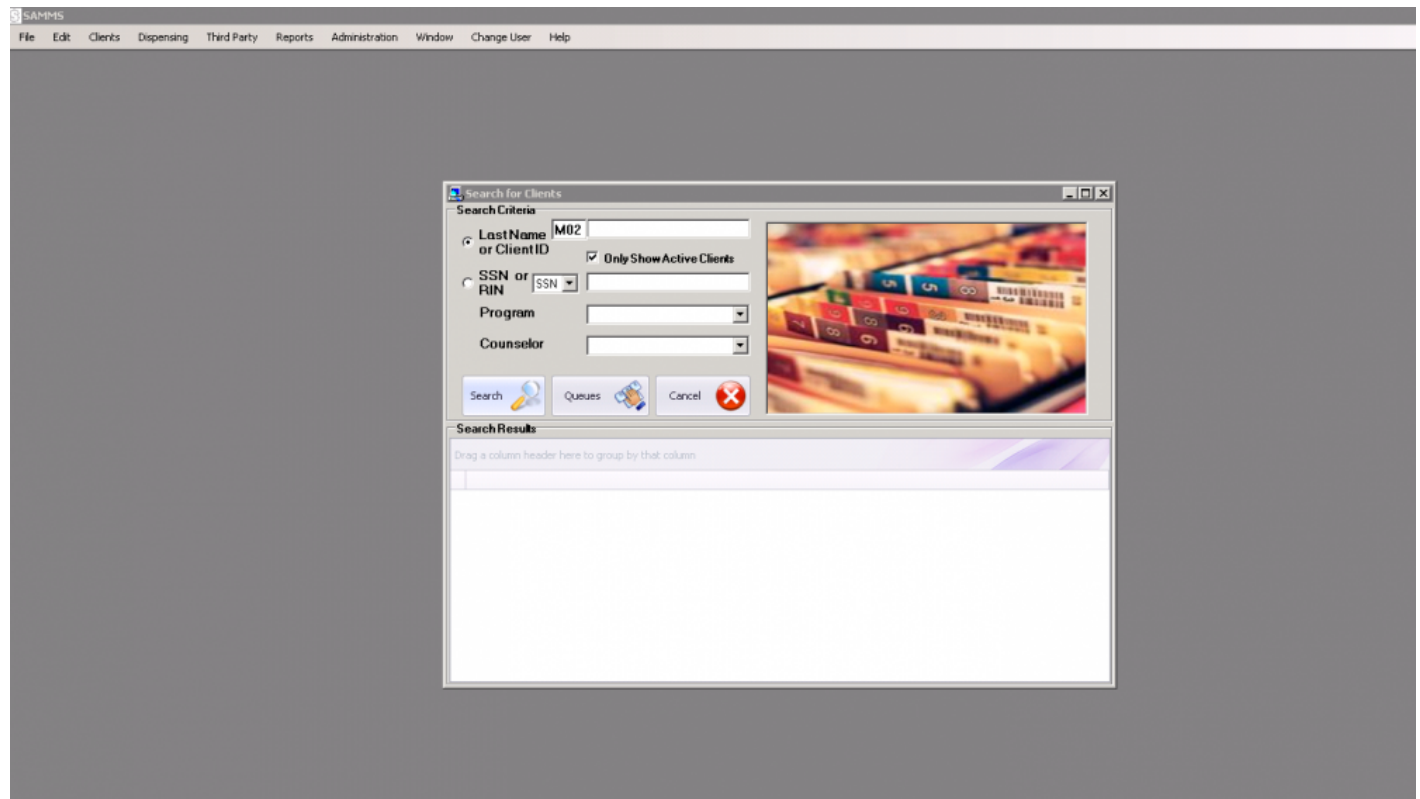
Third Party Aging

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



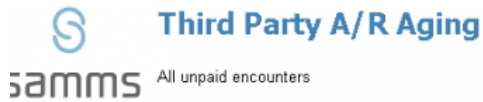
The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



MedMark Fort Worth
 5201 McCart Avenue
 Fort Worth, TX 76115
 lprice

Payer	Client	Enc #	Enc Date	Description	Total	0-15	16-30	31-60	61-90	91+
<input type="checkbox"/> Aetna Better Health Inc. (Medicaid)				Payer Total	(\$383.78)					(\$383.78)
<input type="checkbox"/> Aetna Better Health Inc. (Medicaid)				Payer Total	\$241.40					\$241.40
<input type="checkbox"/> Amerigroup Community Care				Payer Total	(\$397.34)					(\$397.34)
<input type="checkbox"/> Amerigroup Community Care				Payer Total	\$46.00					\$46.00
<input type="checkbox"/> Blue Cross Blue Shield of Texas				Payer Total	\$379.29					\$379.29
<input type="checkbox"/> Cook Children STAR Plan Beacon Hlth Strat				Payer Total	\$818.35					\$818.35
<input type="checkbox"/> HealthSpring HMO/HealthSpring Medicare+Choice				Payer Total	\$310.70					\$310.70
<input type="checkbox"/> Molina Healthcare of Texas				Payer Total	\$1209.35					\$1209.35
<input type="checkbox"/> Novitas TX				Payer Total						
<input type="checkbox"/> Novitas TX				Payer Total						
<input type="checkbox"/> Superior Hlth PIn Texas (Cenpatico)				Payer Total	(\$241.40)					(\$241.40)
<input type="checkbox"/> Texas Medicaid				Payer Total	\$278.91					\$278.91
<input type="checkbox"/> Texas Medicaid				Payer Total	\$2765.05					\$2765.05

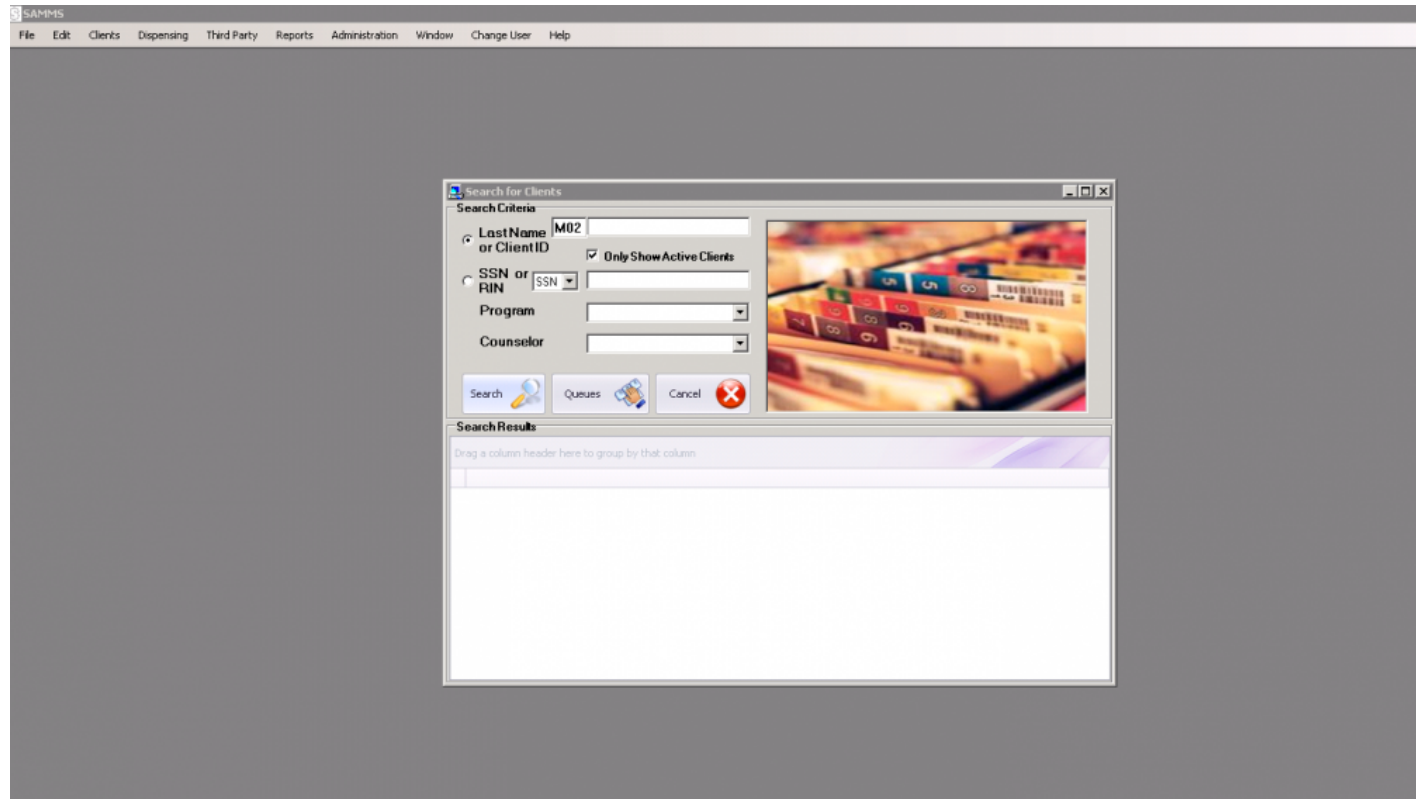
Third Party Aging Summary

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

SAMMS Reports

Step 1: Select Report Category

Client Billing
 Third Party Billing
 Dosing
 Clients
 Services
 Testing
 Holds
 Admin Charts
 Compliance

Step 2: Select Report

Step 3: Select Criteria

Step 4: Select Sorting Option

Step 5: Set Report Date(s)

Step 6: View or Print Report

View Report

Custom Reports

Skip Steps 1-5

Select Custom Reports



Third Party A/R Aging Summary

All unpaid encounters

MedMark Fort Worth

5201 McCart Avenue

Fort Worth, TX 76115

lprice

Description	Total	0-15	16-30	31-60	61-90	91+
Grand Total	\$6848.23				\$120.00	\$6728.23

Page 1 of 1

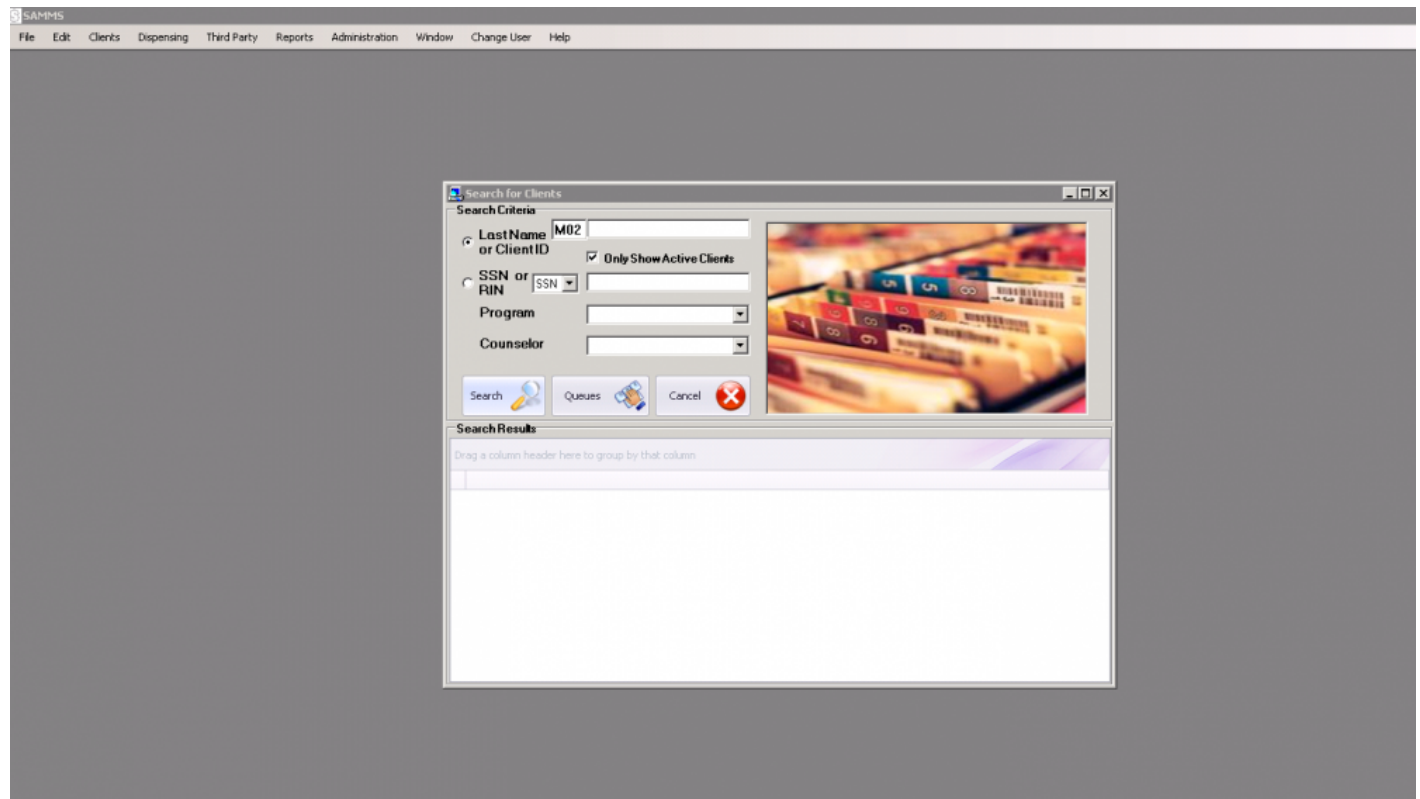
Third Party Scrub

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports



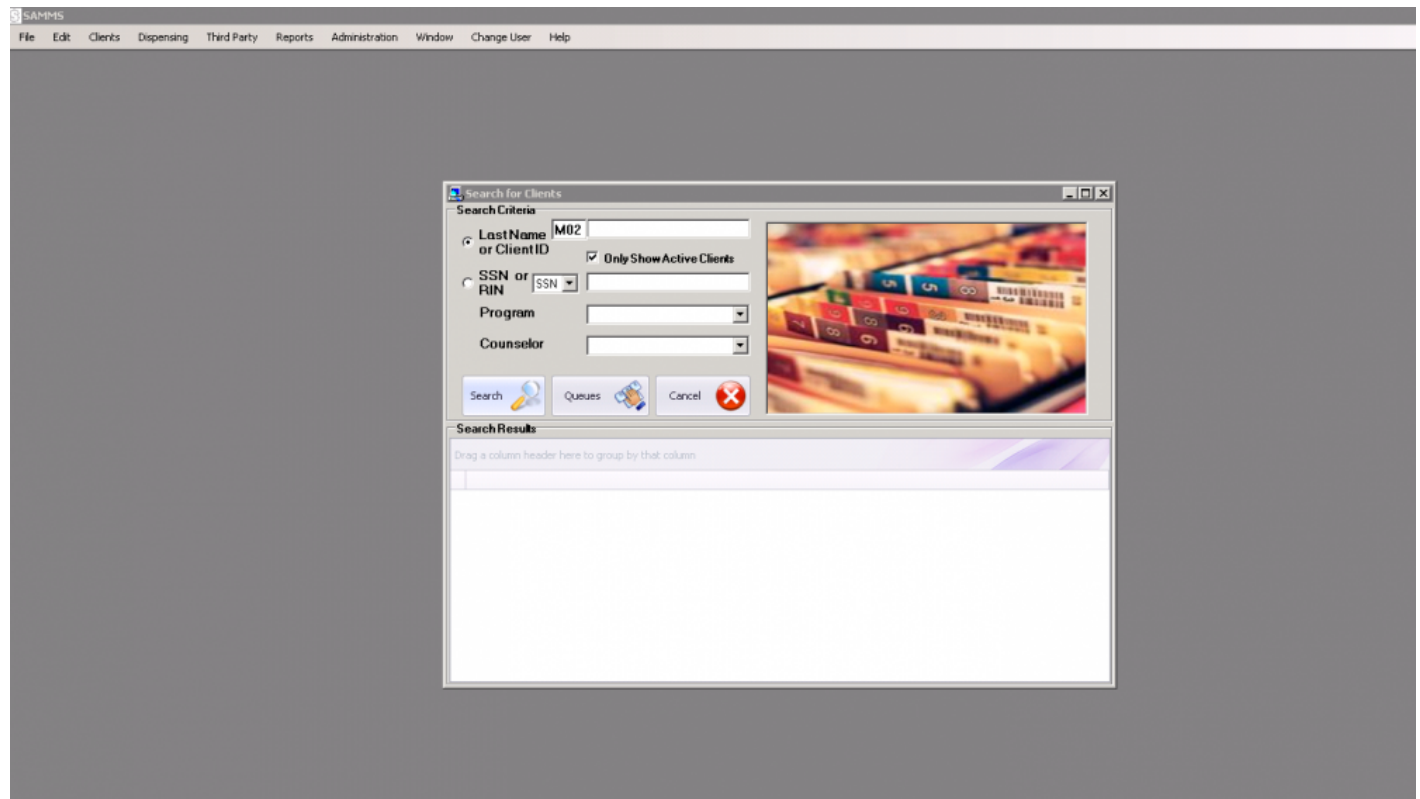
Tox Consents in Date Range

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two empty rectangular boxes stacked vertically for selecting criteria.
- Step 4: Select Sorting Option**: An empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located here:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports

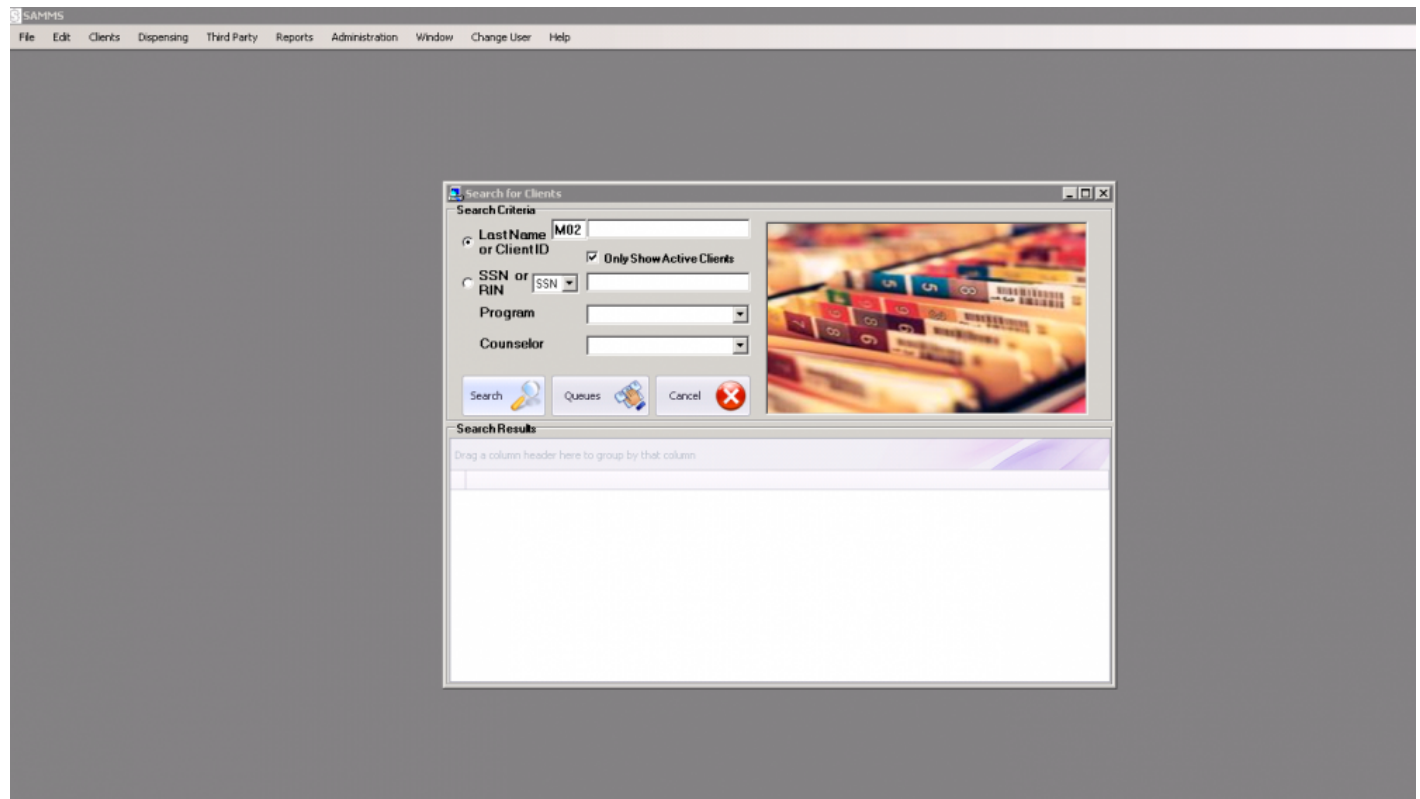
Treatment Plan Tracker

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for a multi-step process:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: A large empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: Two stacked empty rectangular boxes for selecting criteria.
- Step 4: Select Sorting Option**: A large empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: An empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.

Skip Steps 1-5

Select Custom Reports

Unlinked Enrollments

The Unlinked Enrollments Report identifies multiple medical records for the same patient. If a client remains in treatment but there is a change in program or payer, the correct procedure is to:

Select the Change Program/Status tab on the Client Info Tab

Select the new program and select Change Program

When a program transfer is complete the discharge and readmit are not shown in reports and the Enroll Date and Continuous Treatment date will not change.

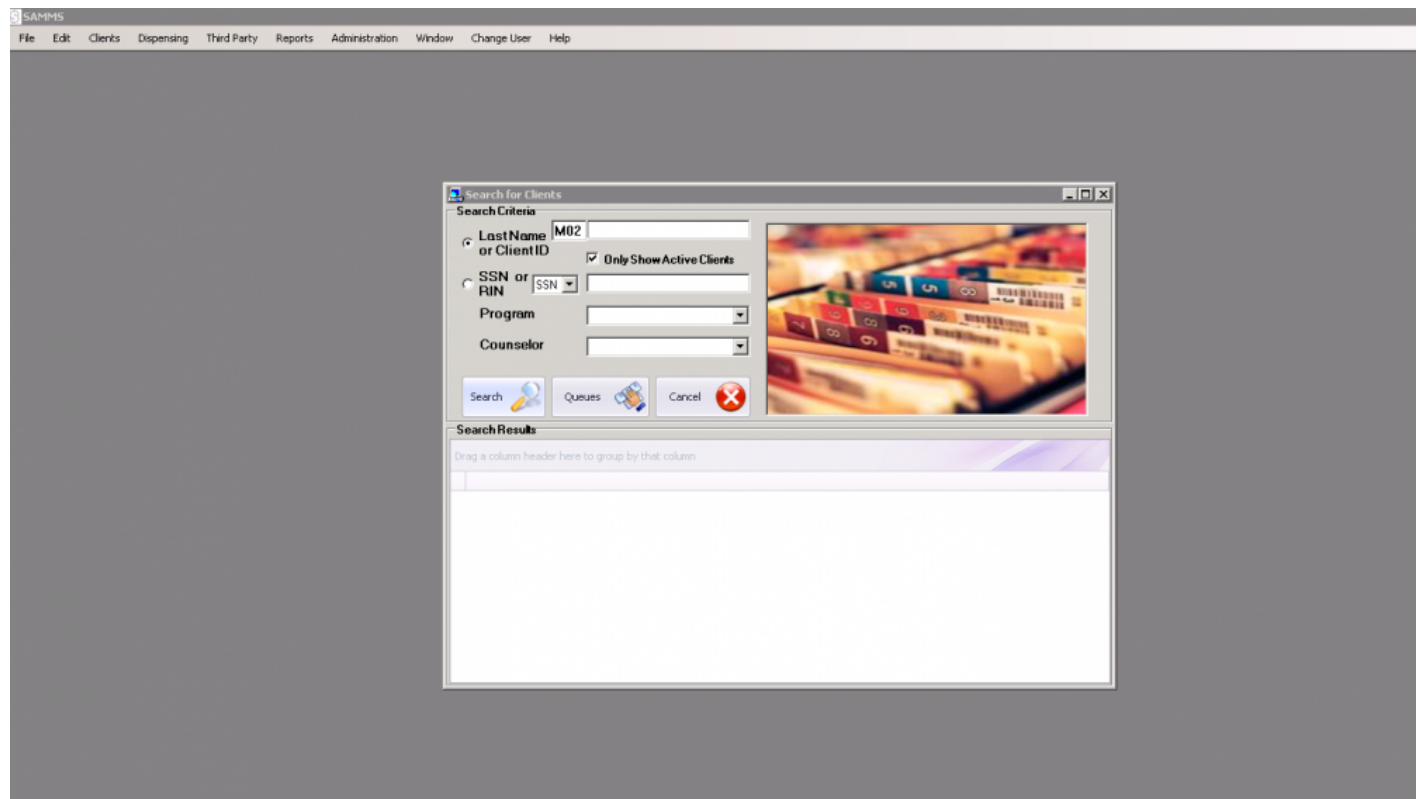
When a user inadvertently discharges a client and reenrolls the same client into new program, a duplicate record is then created. This error in return generates an additional discharge and admission report. This report reflects a shorter enrollment period for the patient.

To access this report:

From the Main Menu

Select Reports

SAMMS Reports



The Following Report will generate:

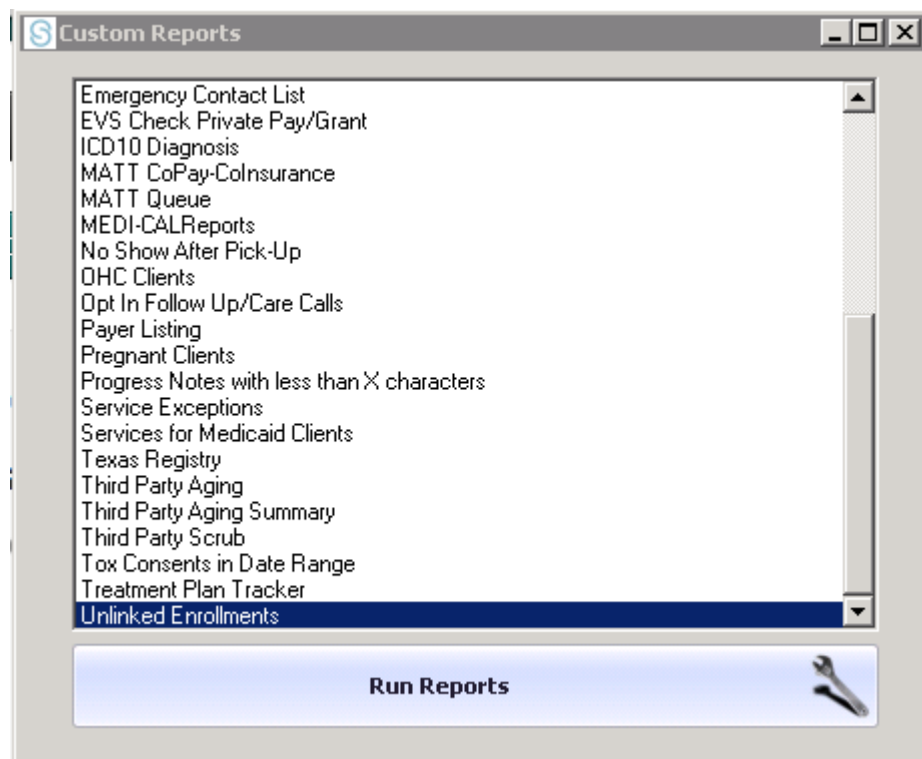
The screenshot shows a window titled "SAMMS Reports" with a standard Windows-style title bar. The window is divided into several sections for report generation:

- Step 1: Select Report Category**: A list box containing the following items: Client Billing, Third Party Billing, Dosing, Clients, Services, Testing, Holds, Admin Charts, and Compliance.
- Step 2: Select Report**: An empty rectangular box for selecting a specific report.
- Step 3: Select Criteria**: A single empty rectangular box for selecting criteria.
- Step 4: Select Sorting Option**: A single empty rectangular box for selecting a sorting option.
- Step 5: Set Report Date(s)**: A single empty rectangular box for setting the report date.
- Step 6: View or Print Report**: Two buttons are located at the bottom right:
 - View Report**: A button with a document icon.
 - Custom Reports**: A button with a wrench icon.


Skip Steps 1-5

Select Custom Reports

Select Unlinked Enrollments from the Custom Reports List



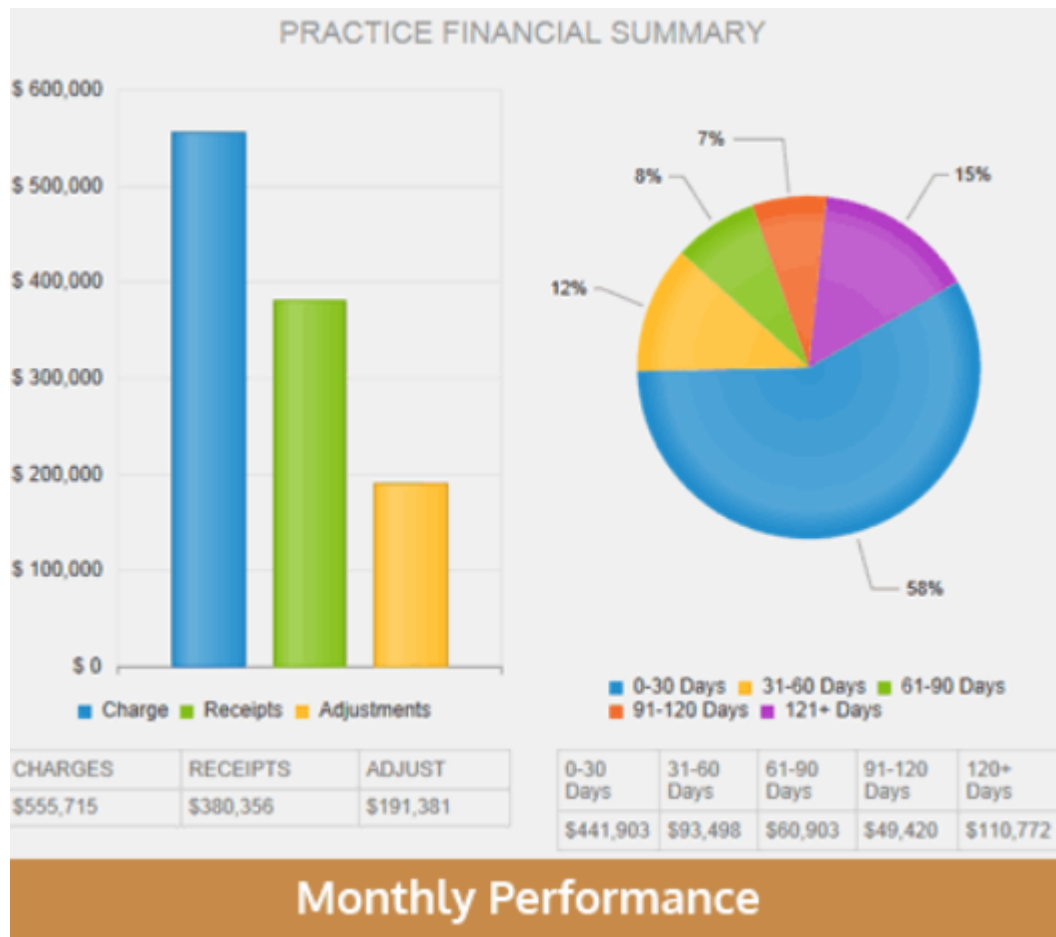
The final report will generate the following:

		Unlinked Enrollments		MedMark Fort Worth 5201 McCart Avenue Fort Worth, TX 76115		
Client ID	Program	Enroll	Discharge	Program	Enroll	Discharge

An Inquiry should be discharged from SAMMS. If the patient lost coverage you should perform a transfer into the new program. Effective and Termination dates for coverage should be entered according to coverage. SAMMS will default to the current date.

lp revision 2.4.16

Dashboard Reports



USER ACCESS REQUIRED

Ip revision 2.4.16