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**SMV WI  
V3.1.3  
Reference Guide**

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# 1. Purpose

Use this document to learn the basic steps needed to set up and operate SMV WI. This document does not describe all the features of the software nor illustrate their use. This is a step-by-step guide designed to get you up and running. Please perform the required tasks in the order they are presented.

## 2. Setup Your Wisconsin Medicaid EDI Account

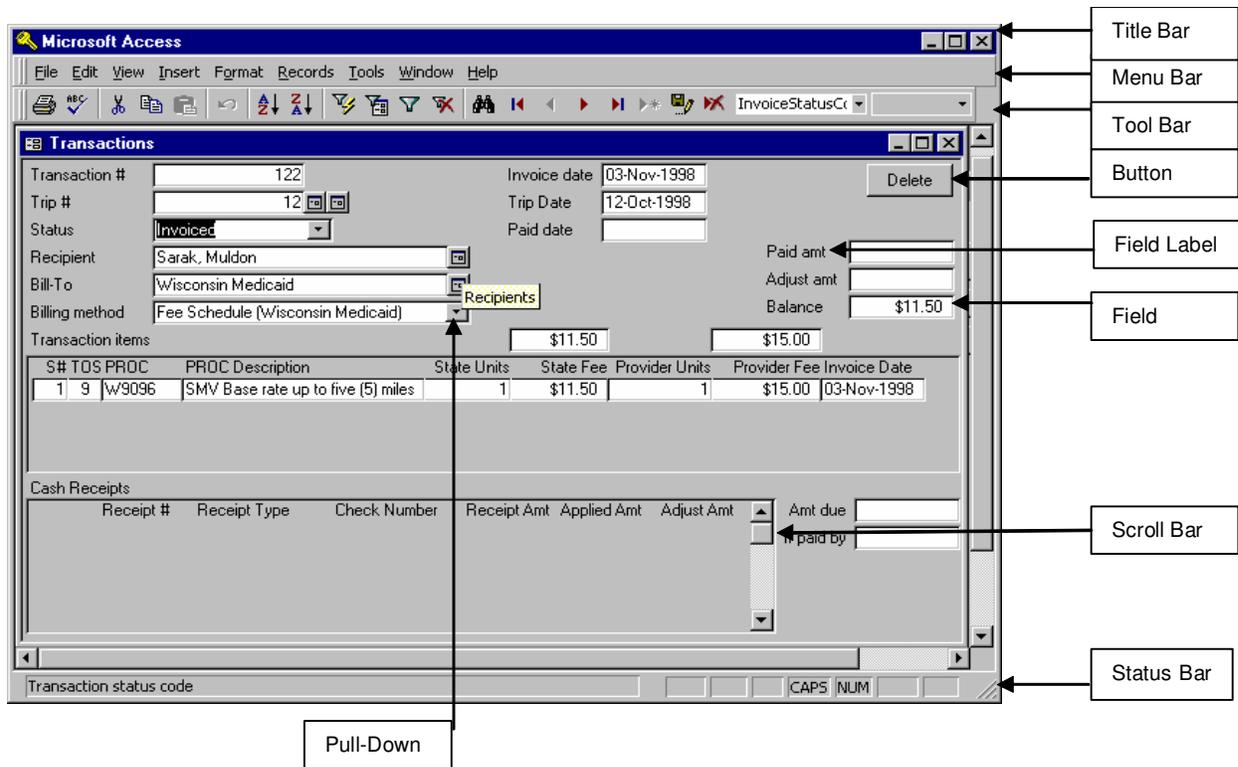
To submit claims electronically to Wisconsin Medicaid, you must first register on the Wisconsin EDI Web site. Open your Internet browser and go to [www.wisconsinedi.org](http://www.wisconsinedi.org). Follow the instructions for registering to use the site. Note that you must have already obtained your Trading Partner ID number. If you have not yet submitted a Trading Partner Agreement, you must do so before you can obtain access to the Web site. If you need help in filling out the TPA, please contact us. *If you are running the demonstration version of the software, you do not need an account.*

## 3. Using SMV WI Component Software

### 3.1. Microsoft Access

SMV WI was developed in Microsoft Access. Most Access conventions were followed in developing this product. Thus, if you are already familiar with Access, you may skip this section. However, if you are unfamiliar with Access, it is very important that you study this section carefully to avoid frustrating problems that may otherwise occur during operation of this application. To learn more about Access than we can present here, we recommend purchasing an introductory book or training course.

The following picture is a typical Access screen. You will need to become familiar with the various screen components in order to use the SMV WI application.



The title bar displays the name of each window. The title bar is highlighted in the currently active window. When you need to refer to a Window, refer to the name displayed in the title bar.

The menu bar contains options that allow you to control the Access environment. Some of these options are duplicated in the handier tool bar.

The tool bar includes buttons that allow you to navigate, sort, filter, and find records. To see what each of these buttons does, simply place the mouse pointer over any one of the buttons and pause there. A tool tip appears stating the purpose of the button. *Take the time to learn very well the actions of these buttons, as these buttons are used very often.*

The status bar contains information about the current field in the current window. It contains the current field description and may list the values that are allowed in the field and/or may state whether or not it is a required field. SMV WI requires certain fields to be filled in while other fields are required for Wisconsin Medicaid billing. If the field is required, it is highlighted in light yellow.

Scroll bars may appear either vertically or horizontally in any window whenever the contents of the window do not fit in the space allowed. Click and hold the left mouse button on the scroll button in the scroll bar and drag it in the direction you want to view. Release the mouse button when the scroll button reaches the desired position.

Field labels are short descriptions of the data that is expected in the field next to which they are placed.

Fields are boxes that contain data. Enter and edit data by entering a field.

You move from field to field in natural order by pressing the <Tab> key or the <Enter> key. Move backward by pressing <Shift Tab>. You can move directly to a field by clicking the left mouse button while the mouse pointer is over the field.

Buttons are usually associated with some action. When you click a button the action is performed. Pause the mouse pointer over a button to display a message describing the button's function. Buttons next to fields generally invoke some action associated with that field. For example, a button next to an address field will open the Address Book.

Pull-downs are special buttons that list the possible choices for the field in which they appear.

Tabs are used on screens where the number of fields is too large to display on a single screen. They are located normally toward the top of screens and appear similar to a stack of typical office file folders. Click on a tab to bring it to the front, so you can see the data associated with it.

## **4. Important Hints**

### **4.1. System Date**

Ensure the system date is accurate. Certain SMV functions enter dates automatically. If your system date is set incorrectly, you may have problems trying to locate information. To set the system date and time, simply double-click on the clock displayed in the System Tray area of the Task Bar.

### **4.2. Halting SMV WI**

**DO NOT** halt SMV WI via any non-standard method (e.g. <Ctrl><Alt><Del>, rebooting your system) unless you are otherwise instructed by KSI technical support. This can corrupt your database rendering the application unusable.

### **4.3. Daily Backup**

Backup daily. A full system backup is best. However, all the SMV WI data resides in the SMV Data.mdb file. You should back up this file at a minimum. If your company has a network, this file exists only on the system acting as the server for this application.

## 4.4. Compacting Databases

Your SMV \ Documents folder includes a document named “Compact Databases Guide.doc”. It is recommended for the health of your databases and the performance of SMV WI that this procedure be run at least once a week.

Also, if Access shuts down (halts) abnormally it is recommend this compact routine be run before attempting to restart SMV-WI.

## 4.5. Follow Defined Procedures

Follow all procedures even if shortcuts are suspected. Never put data in a field that is not specifically designed for that data. You may find that currently you can take liberties with certain procedures or data fields to produce results you desire, but which we did not intend. While you may get your desired results in the current version, you may get disastrous results in a future version.

When entering names, addresses, descriptions, notes, etc:

- Avoid abbreviations (except in salutations) and punctuation (periods, commas) wherever possible. Abbreviations and punctuation make it difficult to locate information since you must search for it exactly as it was entered. The easiest way to avoid this problem is to follow this recommendation.

<u>Discouraged</u>	<u>Recommended</u>
Med Ctr	Medical Center
St.	Street
Ave	Avenue
Dr.	Dr

- Use a mix of upper and lower case just as you would in a business letter. Studies show this is the easiest to read and it prints in less space.

<u>Discouraged</u>	<u>Recommended</u>
DR WILLIAMS	Dr Williams
MEDICAL CENTER	Medical Center
123 MAIN STREET	123 Main Street

## 4.6. Notifications and Opening Windows

SMV WI performs many record additions and deletions “behind the scenes.” By default, Access notifies you when records are added, deleted or changed. These notifications can be turned off. To turn off these notifications, choose Tools - Options - Edit/Find. In the Confirm area of this window, uncheck each of the options displayed.

Certain menu items, when chosen, may take a long time to open. This is due to the number of records that have to be read and/or the speed of your computer. When using menu items, such as Trips and Recipients, it is best to leave their windows open. If you need to choose another menu item or window, use the Window pull-down list in the Menu bar. This method allows you to get back to the menu or other open windows without closing the current window.

## **4.7. Filters**

On occasion, you will open windows from other windows. For example, you may be viewing trips by recipient and find a trip that you want to look at by clicking on the button to open the Trips window. When the Trips window opens, there is a filter applied to the window. The filter limits trips you can look at to the one you chose from the Trips by Recipient window. When a filter is applied, the Apply Filter button (funnel) in the tool bar appears to be depressed. If you want to look at other trips, you must first turn off the filter. To do this, click on the Remove Filter button (funnel with a red X on it) in the tool bar.

## **4.8. Null Values**

If you get a "Field cannot contain a null value" error message, it generally means you entered a value in a field and then deleted it. However, when you do this, you are actually beginning to create a new record. Click the Undo button (curved blue arrow) in the tool bar or press <Ctrl Z> until the Undo button is gray.

## **5. Starting SMV WI**

To begin, select Start – Programs – SMV WI – SMV WI or double-click on the SMV WI desktop icon. The database is secured, so you must log on using one of the predefined user names:

- SMV Supervisor
- SMV Scheduler
- SMV Accountant

If this is the first time you are starting SMV WI, you must use the SMV Supervisor account to initialize the database. The supervisory account has access to all functions, while the other two accounts have access to only certain functions related to their tasks. The initial passwords are all blank, but you may set them at any time. Be sure to record your passwords in a secure location. If you lose your passwords, they cannot be retrieved.

SMV-WI opens with the Welcome to SMV screen. When this screen opens some initial processing occurs. It also lists the version number of SMV WI you are using as well as

the predefined user name with which you logged on. You may leave it open or it may be closed while using SMV WI.

The following sections are designed to introduce you to most of the screens and reports in SMV WI. The menu selections in the SMV Application Toolbar are presented in approximately the order that you will need to consider them. The topics below closely follow the menu selections. However, a few topics are somewhat common to a number of tasks and you may need to skip ahead at times. For example, you may need to skip ahead to the section regarding the Address Book if you need to enter any names or addresses.

Note: Pay particular attention to the Note(s) sections. They cover topics that other SMV WI customers have found especially helpful.

## **6. Support Menu**

### **6.1. Provider Information**

You must enter your provider information before SMV WI will be operational. Some information, such as Provider Number, is loaded for you.

#### **Business Tab**

Enter your provider name, business name, organization type, and life support status. The provider and business names must be in the Address Book prior to assigning them. Click on the button next to the fields to enter the Address Book.

#### **Branches Tab**

You must also define branch offices here. A branch office is required for all trips. Therefore, you must define minimally the Provider as a Branch Office. The branch office names must be in the Address Book prior to assigning them. Click on the button next to the field to enter the Address Book. The Branch Office may also be marked as "Main". This Branch Office will then be the default value for the pull down list. The status of the Branch Office may also be entered. If the status is Active the Branch Office will appear in the pull down list. If the status is set to inactive the Branch Office will only appear in forms for collecting information such as reports.

#### **Defaults Tab**

Service areas, regions and sub regions must be assigned to each address that is used as pick-up or drop-off address on a trip. You can set the default service area, region and sub region here. They can then be assigned automatically to addresses as they are used on trips

You must choose to have drivers displayed, in various windows used later in this application, by their last name or by a number that is assigned to them. This application uses last name by default.

Optionally, you can define a default lead-time used for each trip.

You must define maximum unloaded miles, maximum loaded miles and a maximum wait time (hours). These values are used to verify values that are calculated during trip mileage and times entry. If any of the calculated values exceed their respective maximum values, an error is displayed and the entry is disallowed.

The recurring trip window is specified in days. That is, all recipient recurring trips that need to be loaded into Trips, between the current date and this many days into the future, are automatically loaded in the Daily Update Procedure. See section 7.1 for more information.

### Medicaid Tab

Information on this screen directs SMV WI in electronic claims submission or the printing of paper claims on CMS1500 pre-printed forms. The folder tells SMV WI where to create the file that is uploaded to Wisconsin Medicaid. The file name is the name of the Medicaid file that is created in the specified folder.

Enter your desired claim file retention period, your Trading Partner ID, HIPAA claim data separators, production/test mode indicator, electronic or paper claim media default type, technical contact name, communications preference, and phone, fax, or e-mail.

All of these fields are required to upload transactions. Also, the claim data separators are single characters used delimit data in the claims file; these three characters cannot be the same and cannot be used anywhere else in your data.

## 6.2. Service Areas

These are the geographical boundaries of your operation. You may further subdivide service areas into regions and sub-regions. Trips are sorted into service areas for scheduling and reporting. You must enter at least one service area. Also, for each service area, region and sub regions are required.

In order to add a region to a service area, that service area must be the current record. To make a service area the current record, click in a field in that record before clicking in the region record.

In order to add a sub region to a region, that region must be the current record. To make a region the current record, click in a field in that record before clicking in the sub region record.

Note: For new SMV WI customers, a default service area is provided for you. If you want to have a different default service area, you must change it.

## **6.3. Funding Sources**

A funding source is a group of payers. Each payer within the group is assigned a billing priority. A funding source (or group of payers) is then assigned to each trip. When a trip is billed, an invoice is generated for each payer in the funding source using the payer's assigned priority and fee schedule.

Two common funding sources (Private and Public) are already set up. You may use these or create your own as needed. These funding sources may be used with the Private and Wisconsin Medicaid (Medical Assistance) fee schedules also already set up for you. Use the SMV Support Menu - Transportation Fees menu to manage these fee schedules as well as to create your own fee schedules.

If you provide service for other funding sources under contract rates, you will need to add those funding sources here. If those funding sources require additional fee schedules, you must enter their rates using the SMV Support Menu - Transportation Fees menu.

The billing information for payers in a funding source may depend on the recipient. For example, the Private funding source will have a different billing address for each recipient. Allowable funding sources are assigned to each recipient using the Financial tab on the Recipients screen. From this screen, you set up the billing information for each payer in the funding source. See section on Recipients for further details.

All of the information current at the time of purchase has been loaded for you. This includes services, diagnostics, and Wisconsin Medicaid reimbursement codes and rates. If you charge amounts that differ from the Wisconsin Medicaid reimbursement rates, then you must enter those rates using the items under the Transportation Fees Menu.

## **6.4. Services**

This option allows you to maintain the services provided for the recipient. It comes pre-loaded with the Pre-HIPAA Wisconsin Medicaid codes provided in the SMV Provider Handbook. The Service code is required for trips with a date of service prior to 11 Oct 2003 (Pre-HIPAA).

## **6.5. Diagnostics**

This option allows you to maintain the diagnosis codes used to describe the recipients medical state. It comes pre-loaded with the Wisconsin Medicaid codes provided in the SMV Provider Handbook. Pre-HIPAA codes are included for support of trips taken prior to 1 May 2003.

## 6.6. Place of Service (POS)

This option allows you to maintain the POS codes, used to describe the place where a trip terminates, i.e. where the recipient is dropped off. It comes pre-loaded with the Wisconsin Medicaid codes provided in the SMV Provider Handbook.

## 6.7. Transportation Fees

### 6.7.1. Types of Service

This is a Pre-HIPAA code that is no longer required by Medicaid. The reference has been left in the system for those customers who have been using SMV-WI since before October 2003.

### 6.7.2. Fee Schedule Names

Use this option to name your Private and Medicaid fee schedules. Add other names as needed. SMV WI supports any number of fee schedules. To assign fees for services, see section 6.7.3 regarding fee schedules.

### 6.7.3. Fee Schedules

Use this option to define your fee schedules. The Wisconsin Medicaid, Usual and Customary Charges, and Private fee schedules are loaded for you. By default, the Usual and Customary Charges fee schedule and the Private fee schedule have the same values as the Wisconsin Medicaid fee schedule. If your private rates are different than the Wisconsin Medicaid rates, adjust them here. For the reasons stated below, it is important not to skip this step.

Wisconsin Medicaid requires that it be invoiced at the SMV provider's usual and customary rates. However, Wisconsin Medicaid only reimburses amounts at the rates listed in its fee schedules. Notice that the Wisconsin Medicaid fee schedule is associated with the Usual and Customary Charge fee schedule through an entry in the "Fee Schedule (Billed Amts)" field. When you use the Wisconsin Medicaid fee schedule, Wisconsin Medicaid will be billed at the rates defined in the Usual and Customary Charges fee schedule. Invoices that are created for Wisconsin Medicaid trips retain both Wisconsin Medicaid and Usual and Customary Charge (Provider) invoice amounts.

Select each of the **Unloaded Mileage/Rates**, **Loaded Mileage/Rates**, **Multi-Carry Mileage/Rates**, **Wait Time Rates**, and **Second Attendant Rates** menu items and enter your provider amounts in the Flat Fee and/or Mileage Fee columns.

Notes: As mentioned earlier, the fee schedules are pre-loaded for you. They both use the same rates. If your private rates are different than Wisconsin Medicaid

rates, you must adjust the rates in the Usual and Customary Charges fee schedule to your rates.

The Usual and Customary Charges fee schedule is used to calculate the amounts that are billed to Wisconsin Medicaid. Therefore, it must remain identical to the Wisconsin Medicaid fee schedule in content and format. That is, if you bill from the first mile for private pay recipients, you cannot remove the 5 base miles defined in this schedule. However, the rates can be adjusted to your rates.

When billing private pay recipients, the Private fee schedule should be used. This schedule can be adjusted for format, content, and rates.

The amounts in the fee schedules are for one-way trips. If the recipient has contracted for flat-rate round trips, then these amounts must be half of the total amount since each leg of the trip is invoiced individually.

Flat rates for contracted trips must be entered in the Loaded Mileage fee schedule. They also must be marked as being either a Flat/Base rate or Mileage rate type.

Fee schedules may also be copied. If you need a fee schedule that has the same procedure codes, but need the rates changed, add a new fee schedule name (see section 6.7.2 regarding fee schedule names). Then, copy the fee schedule that is closest to the desired fee schedule to the new fee schedule name and make any necessary adjustments.

## **6.8. Select Data Folder**

Use this option to identify the folder where the SMV Data is kept. It is recommended the default name be used. You only need to use this option if you have become disconnected from your production database or you need to maintain more than one database.

## **6.9. Welcome to SMV WI**

Use this option to re-open the Welcome screen if it has been closed accidentally.

## **6.10. Existing Open Invoices**

If you are a new SMV WI customer and have open invoices that you want to track, then use this option to enter the information.

Note: There is a Transferred flag for each of the Existing Open Invoices. If that flag is checked, it indicates that the create transactions and invoices procedure has run and that the invoice entered was transferred to SMV WI.

## **7. Maintenance Menu**

### **7.1. Daily Update Procedures**

This menu item performs multiple tasks and should be done daily. First, it loads any recipient recurring trips into Trips. Trips are loaded, starting with the current date, into the future as far as specified in the Defaults tab of the Provider Information screen (see section 6.1.) Next, it updates the Trip Modifiers, followed by the invoice balances in case they get out of synch. Then, recipient balances are updated. Finally, updates are performed on the default lead time, travel time, and mileage for each pick-up and drop-off address combination of completed trips.

### **7.2. Address Book**

All name, address, and phone data for the entire SMV WI application is kept in a single address book. Thus, use this screen to enter and/or view any address in the database, no matter how the address is used. Phone numbers are subordinate to addresses, so in this view, the phone numbers displayed depend on which address is currently selected.

Notes: Special care must be taken not to introduce duplicate entries into the Address Book. SMV WI performs automatic checks to warn you if the current entry appears to be a duplicate. However, nothing prevents you from overriding this warning. Duplicate entries can make it difficult to search for and report on those entries. Currently, once a trip is invoiced, there is no way to remove the duplicate entry. If this happens, do not change the name to some bogus value. Simply change the status of the entry from Active to Inactive.

Every name must have one address marked as Main. SMV WI does not allow you to mark more than one.

Only one phone number may be marked as Main. SMV WI does not allow you to mark more than one.

#### **7.2.1. Linked to Address**

Use this entry in the Address Book to link one address to another address. For example, if you have multiple recipients residing at a nursing facility, first enter the facility's name and address into the Address Book and then add the recipients who reside there. When adding those residents to the Address Book, selecting the nursing facility's address from the Linked to Address drop-down menu will cause SMV WI to copy most of the nursing facility's address to the recipient address. Later, if the nursing facility's address is changed, then all addresses linked to it can also be changed automatically. (You are prompted to perform this action.)

Clicking the button next to Linked to Address when it is empty will display the names of all addresses linked to that address (if any exist). When Linked to Address is not empty and the button is clicked, all other addresses which link to the common address will be displayed.

### **7.3. Address List**

Use this feature to look up a name or phone number by searching for an address.

Find and click an address in the top portion of the screen. All names with that address will be listed in the bottom portion of the screen. Click the button next to the Name Code to open the Address Book for that particular name.

### **7.4. Phone Book**

This screen uses the same data as the Address Book, but it is presented in a way where addresses are subordinate to the phone numbers. Use this screen to view all the phone numbers related to a particular person or place.

### **7.5. Vehicles**

Assign each vehicle a number or code for easy reference. Enter the rest of the information as needed.

#### **Profile Tab**

All vehicles must have a status assigned. All vehicle statuses except Inactive count against your license limit. Only assign a vehicle an inactive status if it is sold or destroyed and will never be active again.

#### **Insurance Tab**

This tab is optional.

#### **Capabilities Tab**

This tab is not currently implemented. However, you can assign one or more capabilities to each vehicle, if you earlier defined any such capabilities using the Vehicle Capabilities menu item. Currently, if recipients require specific vehicle capabilities, you must check here manually. In the future, recipients requiring vehicles with special capabilities will be limited automatically to the vehicles that match their requirements.

#### **Inspections Tab**

Enter the results of vehicle inspections.

Click the Vehicle Inspection Items button to open a screen that allows you to maintain the list of inspection items. New items can only be entered at the bottom of the list. However, you can use the display order value to cause the

item to be displayed anywhere in the list. This list is copied to the Vehicles – Inspection tab when you start a new inspection.

## 7.6. Drivers

Use this option to maintain your list of drivers. Only people in the Address Book can be added as drivers. See section 7.2 for information on adding people to the Address Book.

Be sure to enter your vehicles first, as drivers may be assigned a default vehicle. See section 7.5 for discussion on entering vehicle information.

### Address Tab

The driver's Address Book entry is opened and displayed here.

Use "Find Driver by Last Name", located in the upper right hand corner of the screen, to easily locate drivers. If a driver is not in that list, then that person needs to be added as a driver. Remember, only a person in the Address Book can be added as driver.

To check if that person is in the Address Book, click in the Driver text box, click the New Record button in the SMV Tool Bar, and click the dropdown arrow which now appears in the Driver text box. This will list all names in the Address Book which have not already been added as drivers. You can select the person's name from the dropdown Address list to add him/her as a driver. If the person needs to be added to the Address Book, click the button next to the Driver dropdown menu.

### Profile Tab

Each driver also needs a driver number. The driver number may be their employee number. Enter the driver certification expiration dates. SMV WI warns you as the expiration dates near. Enter any availability, mileage, and weather restrictions. Currently, these must be checked manually. In the future, these restrictions may be enhanced and checked automatically. You may also assign the driver a default vehicle.

### Skills Tab

This tab is not currently implemented. However, you can assign one or more skills to each driver, if you earlier defined any such skills using the Driver Skills menu item. Currently, if recipients require specific driver skills, you must check here manually. In the future, recipients requiring drivers with special skills will be limited automatically to the drivers that match their requirements.

### Training Tab

Use this tab to track each driver's training information. Course took, certificates received, training dates, train expiration dates may all be enter and referenced using this tab.

## 7.7. Physicians

Enter physicians before entering recipients. Physicians are needed when recipients are added. Only people in the Address Book can be added as Physicians. See section 7.2 for information on adding people to the Address Book.

Physicians in SMV WI may be anyone authorized to sign a Physician Certification. This includes doctors, physician assistants, nurse midwives, and nurse practitioners.

Use the Delete button on this form to remove a Physician. Deleting the Physician will not remove their name from the Address Book, but only from the list of physicians.

### Profile tab

Use this screen to enter and display a physician's UPIN number, Medicaid Provider number, License number and/or Tax Id number.

### Address tab

Use the Find Physician by last name or UPIN #, located in the upper right hand corner of the screen, to easily locate the physician if they have already been entered. This will list everyone who is in the Address Book and has been identified as a Physician.

To add a physician, click in the Physician text box and click the New Record button in the SMV Toolbar. A drop down selector will appear in the Physician text box. Click the down arrow to list all names in the Address Book that are not already identified as physicians. Select the desired name. If the physician needs to be added to the Address Book, click the button next to the driver pull-down.

## 7.8. Recipients

Important information is maintained using this screen. In order to be successfully reimbursed by Wisconsin Medicaid, this information must be complete, accurate, and current.

Many entries that are required for invoicing are not enforced at recipient-entry time. This gives you the capability to enter a minimum of information so you can schedule and complete a trip quickly, but you must return here eventually and complete any entries required for invoicing. As discussed later, if you attempt to invoice recipients with missing information, a log of required entries is produced for you.

Use the Recipient pull-down menu to list everyone who is in the Address Book who has not yet been added as a recipient. That is, use this list to show everyone who is available to be added as a recipient. Existing recipients do not show in this list.

If the recipient you seek is not in the pull-down list, either he/she is already entered as a recipient or they are not in the Address Book. Use the Find Recipient by Last Name, located in the upper right hand corner of the screen, to easily locate the recipient if they have already been entered. If the person is not in that list, then the person must be added to the Address Book. To add the recipient to the Address Book, click on the button next to the Recipient pull-down menu.

Note: In the case of duplicate recipients, do not attempt to remove them if they have been used on trips. Instead, simply change their status to Inactive using the Profile tab.

#### Address Tab

Each recipient must have at least one address. Each address must include the county code, address type, status, and POS for invoicing.

Multiple addresses may be entered for each recipient; they are grouped in Recipient, in pull-down lists, where addresses are required.

#### Profile Tab

Recipient status is required. For Wisconsin Medicaid, the recipient's gender and birth date must be entered. Recording other profile information ensures the needs of the recipient will be known at the time of transport.

#### Financial Tab

##### **Wisconsin Medicaid**

- The Wisconsin Medicaid ID Number is required prior to creating transactions for Wisconsin Medicaid trips.
- A spend-down flag is provided for controlling who gets invoiced for services. This flag is maintained manually. Set this flag if a recipient is on a spend-down. When this flag is set and you attempt to create trips with a Wisconsin Medicaid funding source, you will receive a warning. When the spend-down is complete, simply uncheck this flag.
- Eligibility dates (start, end, verified) can be filled in. However, these values are not checked at this time.

##### **Other**

- A credit limit can be set. If you set a credit limit and a recipient's open invoices go beyond that limit, you will be warned when scheduling new trips.
- The credit balance gets updated during the Daily Update Procedures, see section 7.1. It is a display only field and contains the sum of the open invoices that were billed directly to the recipient.
- Contract customer # and expiration date are used in conjunction with contracts between you and a public transportation authority. In general,

recipients must be pre-approved by the public transportation authority to use your service. The Public Transportation Authority generally assigns these values. These values are used on contract trip reports that are sent along with an invoice.

### **Funding Source**

- Recipients are allowed to have multiple funding sources. However, if a recipient has only one funding source, it will be used as the default for each trip created for the recipient. *You must assign at least one funding source to a recipient before you can create trips for that recipient.*

Each funding source has a status. The default value is Active. You can disallow the use of a funding source on trips for a recipient by changing the status to Inactive.

To assign a new funding source for a recipient, select one from the pull-down menu in the Funding Source field. You must also enter the billing information for each payer in the funding source. After adding a new funding source to a recipient, the billing information screen automatically opens. While this is not required, it is recommended that you enter the billing information at this time.

To enter/edit billing information, click the Billing Info button, which is located to the left of the Priority field in the lower portion of the screen for the proper item. That is, to edit existing billing information, click the button next to an existing priority. To enter new information, click the button in the first record not having a priority value.

- The priority, fee schedule, bill-to agent, invoice frequency, and invoice type are required for invoicing.

Note: Remember, a funding source is a group of payers where each payer is assigned a billing priority. A funding source (or group of payers) is then assigned to each trip. When a trip is billed, an invoice is generated for each payer in the funding source using the payer's assigned fee schedule. One entry is required for the primary billing agent. Additional entries are required for each additional billing agent making a co-payment.

Once a recipient's funding source has been invoiced, it cannot be deleted from the recipient's list of allowable funding sources. To disallow a funding source, change its status to Inactive. You may edit the billing information, but you are not allowed to delete a fee schedule or modify its effective date for any payer in a recipient's invoiced funding sources. All other entries can be adjusted as needed.

Note: Invoice frequency is not restricted to a time frame. You can use this feature to create any custom grouping of recipients that you want to invoice together. For example, if a county agency is one of your funding

sources and you want to invoice at one time all transactions where the agency is a payer, you can create an invoice frequency named County Agency and use it whenever you create a bill-to for the agency in a recipient funding source.

#### Physician Tab

The physician, physician certification expiration date, and physician Wisconsin Medicaid provider number or UPIN are required for invoicing Wisconsin Medicaid.

Note: The recipient's current physician is copied to the trip when the recipient is entered on the trip. Thus, if a recipient's physician changes after a trip is created and you want the trip to reference the new physician for billing, you must reenter recipient on the trip after first updating the recipient's physician.

For example, if a number of trips were created and billed using the wrong physician, then you must un-invoice the trips, delete their transactions, reenter the recipient on the trips, recreate the transactions, and re-invoice them.

#### Diagnostics Tab

Diagnostic codes are required for invoicing. Multiple provider and physician diagnostic codes are supported. Check the SMV and Physician diagnosis codes you wish to use as defaults when creating trips. If trips have been created that don't have diagnostic codes assigned, you will be prompted to update them when you click the Def (ault) check box. If you change the codes, all existing trips and recurring trip masters must be changed manually. New Medicaid trips should use only the V630 SMV diagnostic.

#### Recurring Tab

This tab contains the recipient recurring trips. They are considered to be the master recurring trips. You can enable and disable each of the recurrences as needed. You can also change the various attributes of the recipient recurring trips.

Each time a recipient is transported from one location to another, it is considered a trip. Each of these trips can be made recurring.

Once master recurring trips are established, they are automatically loaded into the trips via the Daily Update Procedure. See section 7.1 for more information. They can also be loaded on demand.

The attributes (duration, pick-up location, drop-off location etc.) of the master recurring trips are maintained here. As you adjust these master recurring trips, any related trips that have been loaded into Trips, from the current date and into the future that have not yet been invoiced, are automatically adjusted as well.

You can establish a recurring trip as short term, by entering a Recur End Date, or you can establish a recurring trip as long term by leaving the Recur End Date blank. You can temporarily disable recurring trips by entering Except Start and Except End Date ranges.

Finally, you are allowed to delete recipient recurring trips. If you delete a master recurring trip, any trips already in Trips with a Trip Date beyond the current date are deleted as well.

Note: It is strongly recommended that all recurring trips that need editing (add/change/delete), be done so prior to finalizing/distributing the following day's schedule. If you edit a recurring trip, it may cause the next day's schedule to be incorrect.

As mentioned earlier, each time a recipient is transported from one location to another, it is considered a trip. In general, a recipient that has a recurring trip will have two master recurring trips. They go from home to an appointment at the doctor and then get transported from the doctor back home. If you modify a master recurring trip, the other will most likely need a similar modification.

#### PA's Tab

Prior Authorization's (PA's) are required for recipients when invoicing Wisconsin Medicaid for one-way trips over forty miles in some counties and over seventy miles in other counties. SMV WI supports complete tracking of multiple PA's.

#### Notes Tab

Multiple, dated notes are supported for each recipient.

#### Drivers Tab

This tab is not currently implemented. However, you can assign one or more driver requirements to each recipient, if you earlier defined any such skills using the Driver Skills menu item. Currently, if recipients require specific driver skills, you must check here manually. In the future, recipients requiring drivers with special skills will be limited automatically to the drivers that match their requirements.

## Vehicles Tab

This tab is not currently implemented. However, you can assign one or more vehicle requirements to each recipient, if you earlier defined any such capabilities using the Vehicle Capabilities menu item. Currently, if recipients require specific vehicle capabilities, you must check here manually. In the future, recipients requiring vehicles with special capabilities will be limited automatically to the vehicles that match their requirements.

## 7.9. Find Duplicate Names

This option provides you a list of potential duplicate names. This option lists the last name, first name (if any) and the name code used for each. It is possible to have duplicate names for entries. There is also a button that will open the Address Book for the selected name.

You will be prompted if you want to delete the existing duplicate names list. Click Yes to check for all current duplicate names and display the list. Click No to display the existing duplicate names list created the last time Yes was clicked.

## 8. Trips Menu

This is the heart of the SMV WI application. Use these menus, submenus, and items to manage all your trips and schedules.

### 8.1. Trips

Use this screen to schedule one-way, two-way, multi-way, and recurring trips. Not all fields must be filled to schedule a trip. However, many of these fields are required for reimbursement by Wisconsin Medicaid and can be filled in after the trip is completed.

Note: If you edit a recurring trip using this menu item, it will be removed from the recurring trip list. Any permanent changes to recurring trips should be done via the Recipient Recurring tab. See section 7.8 for more information

The trip number is a sequential number assigned by SMV WI when you open a new trip. Each time a recipient is transported from one location to another, it is considered a trip. Thus, if a recipient is transported from home to a hospital, from the hospital to a pharmacy, and from the pharmacy to home, it is considered three trips. Each trip is entered separately. However, you can use the Create Return Trip button to create automatically the return trip for the trip currently on the screen.

Note: Occasionally, in a network installation, clicking the “New Trip Number” button (located next to the “Trip number” field) will fail to generate the next trip number. This may occur if another user simultaneously attempted to create another trip. Simply click the button again to get the next trip number.

Recurring trips are created per recipient from the Recurring tab on the Recipients screen. See section 7.8 for more information on Recipients.

The Daily Trip Number is assigned, via the Trip Scheduler menu item, just prior to the generation of the daily schedule. This number makes it easy for dispatchers and drivers to reference a particular trip. The trip modifier (required by Wisconsin Medicaid) is assigned automatically based on the trip start and end times reported by the driver.

Note: The trip modifiers are calculated using the recipient, trip date, funding source and pick-up time. They are calculated for you. *If you do not schedule a pick-up time for a return trip, the trip modifiers will be incorrect temporarily.* However, they will be adjusted automatically during trip verification and transaction creation using the actual pick-up times.

Trip modifiers are assigned based only on your trips. If another provider transports the same recipient on the same day, these trips do not affect the trip modifiers required for your claims.

Recipients may be selected from the list or entered as needed. The recipient profile is used to display any default information.

Enter the appointment information. The dispatch time and pick-up time is calculated for you based on the lead-time and travel time entered after the pick-up and drop-off locations. You can also enter your own dispatch, pick-up and drop-off times. If you do so, the dispatch, lead-time, and travel times are calculated for you.

Note: All times are assumed to be on the trip date. Trips spanning more than one day are not supported. See Notes in section 9.1 for related information.

Pick-up and drop-off entries may be selected from lists or entered as needed.

Dispatch time is the time at which the vehicle must leave the dispatch point in order to reach the pick-up location by the pick-up time. The lead-time is the time it takes the vehicle to go from the dispatch point to the pick-up address. The pick-up time is the time at which the vehicle must arrive at the pick-up location in order to reach the destination by the drop-off time. The travel time is the time it takes the vehicle to go from the pick-up location to the destination.

Drop-off time on the first leg of a trip automatically defaults to the appointment start time. The pick-up time on the return leg of a trip automatically defaults to the appointment end time.

Lead-time defaults to the value you entered, if any, in the Provider Information screen. You can override this value for any trip.

Travel time defaults to the average travel time of all trips taken between the pick-up and destination locations. It is zero the first time a trip is taken. You can override this value for any trip.

Trip origin is the county code of the place where the recipient is *first picked up* for medical service, regardless of whether you or another provider transported the recipient on that initial trip. Trip origin is automatically entered as the county code of the pick-up location of one-way trips and of the initial leg of two-way trips created using the Create Return Trip button.

Note: If another provider transports the recipient on the initial leg of a trip or you manually enter the second leg of a two-way trip, you may have to adjust the trip origin. This is especially important for trips where prior authorizations may be involved.

The prior authorization number may be required for certain Wisconsin Medicaid trips.

Note: SMV WI automatically checks the trip origin to determine if a PA is required. However, if another provider transports the recipient on the initial leg of a trip, you may have to adjust the trip origin in order for SMV WI to make the proper determination.

Billing may be done using a funding source defined for the recipient or using a flat fee for the trip. If a flat fee is entered, this charge overrides the amount computed from the funding source. Use the Recipients screen Financial tab to define funding sources for recipients. Click the Trip Pricing button next to the Flat Fee field to compute a flat-fee trip price.

For recurring trips that use a flat fee, create a fee schedule to specify the fee. Next, use the Recipients screen Financial tab to define a funding source and use that fee schedule in the billing information.

The customer charge is used for contract trips only.

## **8.2. Trip Scheduler**

Use this screen to confirm a schedule for a specific trip date. The confirmation of a schedule consists of assigning daily trip numbers to each trip. This must be done prior to printing any schedules for a specified trip date. You can reset and or update the daily trip numbers as many times as needed. However, once you have distributed schedules and/or trip tickets for a specified trip date, DO NOT reset the daily trip numbers. This could cause information to be recorded to the wrong trips.

You can also use this screen to assign drivers and/or vehicles to trips. This can be done prior to printing the schedules and trip tickets or on an as needed basis.

You can also set the tabbing sequence of the driver and/or vehicle. There is an option in the upper right hand corner to perform this. Simply click the tabbing sequence option you desire. The options are Driver (only), Vehicle (only) or both.

Note: This information can be displayed in three different ways: by pick-up group, drop-off group or daily trip number. DO NOT sort or filter this window in any other way. If you do, you will not be able to assign drivers and/or vehicles.

## **8.3. Trip Views Menu**

This menu contains various options by which trips can be viewed.

### **8.3.1. Trips by Date**

This screen allows you to view trips for a specified trip date. You can get to individual trips, from this screen, via the Trips button. It is located immediately to the right of the trip number.

### **8.3.2. Trips by Recipient**

This screen allows you to view trips for a specified recipient and date range. You can get to individual trips, from this screen, via the Trips button. The button is located immediately to the right of the trip number.

You can also change the status of all open trips for a specified recipient and date range. This feature is useful for canceling all remaining trips should a recipient become deceased.

To perform a mass status change, enter the recipient and date range to view the trips to be modified, enter the new trip status, and click the Change Status button. All trips in the current view will be updated with the new trip status.

### **8.3.3. Trips by Trip Status**

This screen allows you to view trips for a specified trip status. You can get to individual trips, from this screen, via the Trips button. It is located immediately to the right of the Daily T #.

### **8.3.4. Trips by Funding Source**

This screen allows you to view trips for a specified funding source. You can get to individual trips, from this screen, via the Trips button. It is located immediately to the right of the Trip #.

### **8.3.5. Trips by Branch Office**

This screen allows you to view trips for a specified branch office. You can get to individual trips, from this screen, via the Trips button. It is located immediately to the right of the Trip #.

### **8.4. Cancel Trips By Date**

This menu item will delete all open trips for a specified date range. Enter the date range desired; click preview to review all trips that will be deleted. Clicking cancel will then delete all trips listed in the preview.

### **8.5. Load Recurring Trips**

The Load Recurring Trips of section 7.1. Daily Update Procedures can be run separately using this menu item.

### **8.6. Find Duplicate Names**

This selection will identify any duplicate names that may be present in SMV WI.

## **9. Accounting Menu**

### **9.1. Trip Mileage and Times**

This option is used to enter information, from completed trip tickets, for each completed trip. Various checks and balances are performed when entering the information. For example, a recipient pick-up time cannot be earlier than the driver start time.

Notes: Trips may not span more than one day. That is, the drop-off time is assumed to be on the same date as the pick-up time, which is assumed to be the trip date. However, if only the driver end-time occurs on the next day, you can adjust manually the information transferred to payroll from SMV WI. See section 9.9.3.

If a driver collects tickets and/or cash for more than one vehicle/recipient, care must be taken to enter those amounts to the proper recipients' trips. See section 9.8.4 for details.

Cash receipt entries are automatically created from cash/check collections entered via this method. However, automatic application of this cash is only done for secondary invoices. That is, invoices that are created, as a result of a co-payment on a trip, will have cash/tickets automatically applied to them. All other receipts must be applied using the **Apply Unapplied Cash** menu item. See section 9.8.4.

Entry of payment (cash/checks) in this option is for trips taken and/or pre-payment. *This is not for ticket sales.* See section 9.8.3 for details.

If you sell tickets as a form of payment for trips, it is absolutely imperative that you enter the ticket sales (see section 9.8.3) prior to executing the **Process Cash and Ticket Collections** procedure (see section 9.3. Process Ticket and Cash Collections Dialog). *Failure to do this will result in incorrect draw down of tickets.*

If the trip is currently a recurring trip, after the entries are completed, it is removed from the recurring trip list.

## 9.2. Create Transactions

This item creates transactions and transaction items for each billable trip. One transaction is created for each bill-to on each trip. Each transaction summarizes one or more transaction items. Transaction items are the chargeable amounts obtained from the fee schedules or other sources. (In comparison, invoices summarize one or more transactions. See section 9.4.1 for a complete discussion.)

For example, consider a Wisconsin Medicaid reimbursable trip taken by a recipient responsible for a co-payment amount. Two transactions are created for this trip since Wisconsin Medicaid is billed for one portion of the trip and the recipient or their agent is billed for the other portion of the trip. The charges for the base rate, unloaded miles, and loaded miles make up the transaction items for the transaction created for the Wisconsin Medicaid bill-to and the co-payment amount is the only transaction item for the transaction created for the Private Pay bill-to.

To begin the process, all trips prior to and including the specified trip cut-off date that have not been processed into transactions are checked for errors. The verification process checks for missing or obsolete information. Upon completion of the procedure, you will be notified if trips are found that can be processed (no errors detected). If trips containing errors are found, a screen is automatically displayed showing you the trip(s) and the error(s) detected.

If the procedure finds trips that were error free, you can view those trips via the "View Trips (No errors)" button. To create the transactions for the error-free trips, click "Create Transactions". You will be notified when this process is complete.

Note: Only the trips that do not have errors are processed into transactions. All trips in error are left alone for later processing.

If you correct errors on trips you must verify again. If you do not, the trips that were corrected cannot to be processed into transactions.

## **9.3. Process Ticket and Cash Collections Dialog**

### Trip Mileage and Times Process Cash and Ticket Collections

This item performs multiple tasks. First, it processes all trips that have tickets and/or cash payments entered on them. It creates, when necessary, unapplied cash receipts for payments collected. Next, it applies the payments to transactions associated with the trips for which collections were made. However, there are exceptions to this. See Note in section 9.1.

If you sell tickets as a form of payment for trips, it is absolutely imperative that you enter those ticket sales, in Unapplied Cash Receipts Entry, prior to executing this procedure. See Note in section 9.1.

Note: If cash or tickets were collected for multiple trips and entered on a single trip, the process of applying the unapplied cash receipts still applies the amounts to the other transactions as necessary.

## **9.4. Non-Wisconsin Medicaid Invoicing**

### **9.4.1. Create Invoices**

This item creates invoices for all non-Wisconsin Medicaid (Private) transactions. It groups within bill-to, transactions that have not been invoiced, and assigns them an invoice number. This allows Detail, Summary or Super Summary invoices to be printed (see section 10.7) so that the payer has to reference only a single invoice number. You must perform this process for each invoice frequency (Daily, Weekly, Monthly, etc). This must be done before you can apply unapplied cash and/or print invoices or statements.

You are in control of the invoice creation/printing cycle. That is, you can create and print invoices based on each invoice frequency assigned to a payer/bill-to in the funding sources you have created for each recipient. For example, on a daily basis, you can create and print invoices for specific trip dates for each bill-to that has an invoice frequency of Daily. On a weekly basis, you can create and print invoices for specific trip dates for each bill-to that has an invoice frequency of Weekly, and so on. See the Recipients – Financial tab – Funding Sources note on invoice frequency in section 7.8 for more information.

Note: The invoice date that is used is the current date. That is, if you create invoices today, then today's date is the invoice date. It is important to note this because some reports use the invoice date and not the trip date.

If you find that an invoice was created for the wrong address or a recipient was erroneously charged a co-pay amount, please see the note in sections 9.8.1 and 9.8.2 for more information.

## **9.5. Wisconsin Medicaid Invoicing**

### **9.5.1. Claims Submission**

When selected, this opens the Claims Submission Dialog. This dialog provides for the electronic claims submission to Wisconsin Medicaid; a facility to print paper claims on preprinted CMS1500 claim form stock; and an option to use to upload a claim file to Wisconsin Medicaid.

The button on the bottom of the dialog will allow you to create, recreate, print, reprint and upload a batch as specified in the options you have selected in this dialog.

Each new file created or new group of claims to be printed will be assigned a unique batch number.

#### **9.5.1.1. Media Option**

You must indicate the Media Option of this batch by selecting either Electronic claims or Paper claims. You may select either option at this point. However, the default selection corresponds to the Claim Media Default you have indicated in the Medicaid tab of your Provider Information, see section 6.1.

If you are a new SMV provider and are required to submit paper claims, you may want to set the Claim Media default to "Paper". Once you pass your initial Audit and can submit electronic claims, you can set the default back to "Electronic".

#### **9.5.1.2. Batch Option**

If this is a new batch, SMV WI marks every Medicaid transaction eligible to be claimed with the next available batch number and then either creates a file or prints the claims for all transactions with that batch number.

##### **9.5.1.2.1. Create new claims batch**

When creating an electronic file:

If you are creating a file, the next screen prompts you to record the batch number, the file name and the date-time the file was created.

SMV WI will now create a file of HIPAA compliant transactions for uploading. You will be given a count of the number of claims (transactions) which were written to the file. You are also notified if there are no transactions to upload, in this case the file created will empty.

Notes: If you have used the default name for the SMV folders, then the claims file

is created in the C:\SMV\Claims folder and named 837Pclaims???.txt where “???” is the batch number of the file. If you want to change the folder where the file is created and/or the name of the claims file, select Support - Provider Information – Medicaid tab and edit the Folder and/or File Name fields (see section 6.1).

You can control how many weeks you would like to retain each individual claim file by setting the claim file retention to the desired number of weeks. The default is set to 4 weeks but you may change it to any number of weeks greater than 0. When you upload a claims file to Medicaid, SMV WI delete claim files with a date older than the number of weeks you have indicated.

#### When creating paper claims:

You can now print paper claims using SMV WI. New SMV providers are required to file paper claims for a certain period of time. Also providers without an Internet connection may use all of the features of SMV WI and when needed, print their Medicaid claims. Others SMV providers may want to print claims for a variety of reasons.

Claims are created in Print Preview and not sent directly to the printer. This will give you the opportunity to check the printer, assure the proper pre-printed forms are loaded, check the margin settings, and enter a page number if you want to print only one claim from the batch.

Claims must be printed on preprint CMS 1500 claim forms. The Wisconsin Medicaid Specialized Medical Vehicle Services Handbook states “Wisconsin Medicaid does not provide the CMS 1500 claim form. Providers may obtain the National CMS 1500 claim form from any vendor who sells federal forms.”

The information printed by SMV WI on the form has all been positioned relative to the upper left corner of a standard CMS 1500 form. However, all printers might not perform equally, so you might have to adjust the top and left margins of the document in Access to align the printed information onto the form.

While in Print Preview mode, you can adjust the margins by clicking the File - Page Setup - Margins tab. The margin values are in inches. You may have to slightly adjust the Top and/or Left margins to get the proper alignment. You can test your change by printing one page from the batch by clicking File - Print and then entering the desired page number in the Pages From and To text boxes.

Once you determine the margins for your printer, make a note of them. Unfortunately, due to limitations in this version of Access, the margin settings will revert back to their default values each time the claim batch is printed and you leave the Print Preview screen.

#### **9.5.1.2.2. Recreate previous claims batch**

When this option is selected, you will be prompted to enter the batch number of the transactions for which you want to recreate a file or reprint forms. SMV WI will reprocess all transactions with this batch number that have not been paid or canceled.

#### **9.5.1.2.3. Upload Medicaid Claims File**

If a file was created successfully, you may use the Upload Batch button. You may do this right away or you can wait until later to do so. The Wisconsin Medicaid Web site allows for up to five files to be sent at one time. However, successful batch management is your responsibility.

Clicking the Upload button opens your Internet browser and takes you directly to the Wisconsin Medicaid EDI Web site. Use your username and password to log on. Select the Upload Files link and click on the Browse button. The Browse button opens a Choose File dialog on *your* computer. Use the Look In pull-down menu to navigate to the location of your claims file. Typically, this location is C:\SMV\Claims. There you will find files named 837PClaims???.txt where “???” is the number of the batch to be uploaded. Refer to the batch number and/or claim file name recorded in the previous step. Select the file and click the Open button. Your file is then uploaded to the Web site.

It is important that you subsequently check and make sure the claims file successfully uploaded and was 'accepted'. If you must resubmit any of these transactions, see sections 9.5.2. Un-Invoice Medicaid Transactions and 9.5.4. Format and View Acknowledgement and Claims File for further information.

Claim files are kept for the number of weeks you have specified in Medicaid tab of the Provider Information screen. If a file is not accepted and you later determine it can be uploaded again without changes, then there is no need to recreate the file, just upload it again.

If your batch was rejected due to content errors, do not immediately upload the file again. You must first determine what transaction (or transactions) caused the problem, mark the transaction(s) for re-invoicing, delete it (them), and fix the problem(s) in SMV WI. You can then re-create the rejected batch. The transactions which were alright will stay with that batch, while the transactions that were deleted and corrected will be re-created the next time the Create Transactions procedure is run. Those transactions will be included in a new batch the next time one is created.

In SMV WI prior to version 3.1.0, another step was required after an upload was accepted. That step required an Invoice an ECS Batch button to be clicked. That button no longer exists; the process of assigning an invoice date to transactions now takes place automatically as a batch is being created, regardless of the batch's medium (electronic or print).

## **9.5.2. Un-Invoice Medicaid Transactions**

Use this item whenever you need to re-submit transactions to Wisconsin Medicaid or change the funding source on transactions from Wisconsin Medicaid to another funding source.

If transactions are eligible for reimbursement from Wisconsin Medicaid, but were denied for some other reason, check the transaction in the Un-Invoice column by clicking in the box next to the transaction. You can un-invoice any number of transactions. If you checked a transaction in error it can be unchecked by clicking in the box again.

Once you are satisfied with the transactions you have selected (checked) click on Un-Invoice Selected button below the Un-Invoice column.

If transactions are not eligible for reimbursement from Wisconsin Medicaid (for example, a recipient was not eligible when a trip was taken), but the transactions were billed erroneously to Wisconsin Medicaid, first un-invoice the transactions as if you were going to re-submit to Wisconsin Medicaid. Next, delete the transactions so they are not re-submitted, change the funding sources for the trips or any other billing information, and re-create the transactions.

## **9.5.3. Un-Invoice Medicaid Transaction Items**

This screen appears automatically, under certain circumstances, after applying cash to transactions. If a transaction is paid partially, the unpaid portion has to be re-submitted to Wisconsin Medicaid. The only time records appear here is when a portion of a transaction was rejected.

## **9.5.4. Format and View Acknowledgement and Claims Files**

Use this option to format a HIPAA-compliant 837P Claims File or a 997P Acknowledgment file into a more readable format. The formatted file will list one claim element per line, each identified with an element number. Using this file can help you determine the transaction number, recipient, and other information in the HIPAA data which in turn can help you diagnose problems should they occur.

To create a formatted file, click on this option to start a dialog which will take you through the steps to find and format the file. Once created, the file will automatically open with Notepad.

### **9.5.4.1. Batch Acknowledgments**

Wisconsin Medicaid has two mechanisms to notify you whenever an uploaded claim file was rejected (acknowledgements are not sent for claims submitted on the CMS 1500 form). With either method, the acknowledgement will identify up to 100 errors (approximately) in each batch.

One acknowledgment method is e-mail notification. If a batch is rejected, Wisconsin Medicaid will send an e-mail to the address that was submitted in your Trading Partner Profile. However, this notification may not be entirely reliable; it may not always be sent or may never be delivered to your Inbox. In certain instances, it will not identify what batch was rejected. If the batch is identified, its number is listed near the top of the e-mail next to the Transaction ID (BHT03) heading.

The second (and best) method of checking an acknowledgment is to go to the Wisconsin WebEDI site: <https://www.wisconsinedi.org>. Acknowledgments will be available a few hours following or the morning after each batch is uploaded. Log in and go to the Download page. The Web site offers instructions on how to download files.

Included in the acknowledgment information is the batch number of the uploaded claim file, a response indicating whether your claim file was accepted or rejected, and detail information about each claim element that caused problems.

An Acknowledgment file may contain responses for one or more batches depending on the frequency you have uploaded the batches. Also, it is possible to have a mixture of accepted and rejected batches.

#### **9.5.4.2. Using Batch Acknowledgment Files for Problem Solving**

To verify acceptance of a batch in an Acknowledgment file, download the file from the WebEDI site to your computer. When downloading, you are asked to select a folder in which to save the files. If you wish, you may save them in your C:\SMV\Claims folder. You also have the option of naming the file. It is recommended you rename the files 997Acks???.txt, where “???” is the batch number of the claims file you uploaded.

When the download is complete, use the formatting option described at the beginning of this section; it will open in Notepad. You can read through the file or use Edit – Find to search for AK2\*837\*. The nine-digits which follow should be your batch number (zero filled). Next, reading further or using Edit – Find, search for AK5\*. The letter which follows will be an A if your upload was accepted or an R if it was rejected. There can be multiple acknowledgements in one file, so continue checking for AK2\*837 and its corresponding AK5 until all have been checked. Also, there can be a mixture of accepted and rejected batches in the same Acknowledgment file.

If your claims batch was rejected, all claims within it were rejected. You need to determine and correct the problem(s) before recreating and resubmitting the batch. Depending on the type of problem, when the batch is recreated, it may or may not contain the transaction that was deleted and corrected. If the transaction is not in the original batch, it will be assigned to the next batch created after running Create Transactions.

If your claims batch was accepted, it does not guarantee payment; it only means the file was accepted for processing. Individual claims may still be denied for payment. Denied claims will be identified on the Remittance and Status report.

## **9.6. Audits**

This selection may be useful during a Medicaid audit. Different auditors may ask for different documentation during an audit. The auditor may ask to see documentation regarding trips, for specified recipients for certain dates. This facility can be used to provide that information.

### **9.6.1. Trips Audit List - Entry**

Use this entry to create a list of recipients and trip dates.

### **9.6.2. Trips Audit List – Report**

This selection will produce a report based on information entered in the previous step.

## **9.7. Transactions and Invoicing Menu**

The various options on this menu are the prelude to accounts receivable.

### **9.7.1. Transactions To Be Invoice**

This screen contains all transactions that have to be invoiced. It shows the recipient, its funding source, transaction status and transaction balance.

### **9.7.2. Transactions**

This screen displays individual transactions and the transaction items (details) of the charges. It contains all information recorded for each transaction.

Note: There can be multiple transactions for a trip. In the case of Wisconsin Medicaid co-pay amounts, a transaction is created for charges that are billed to Wisconsin Medicaid and another is created for the co-pay amount that is billed to the recipient. This also occurs for providers that have a contract with the local public transport authority.

In many cases, the co-payment is collected from the recipient at the time of the trip and entered with the times and mileage. These collections are then processed and applied to the co-payment transactions. When this occurs, you cannot delete the transactions. In order to delete the transactions, the payment that is applied to the co-payment transaction must be removed. To do this, find the transaction. In the bottom portion of this screen, you will see the receipt(s)

that was applied to the transaction. Click the button, next to the receipt number to display the receipt. In the lower half of the screen, click the Delete button on the line that displays transaction you want to delete. This process must be repeated for each receipt that has been applied to this transaction. Once complete, close the cash receipts screen. You are now able to delete the transaction.

On occasion, charges for trips are not recoverable. To mark these transactions as such, simply change the invoice status to write-off (Uncorrectable). DO NOT do this until you have run the Process Ticket and Cash Collections procedure. See section 9.3 for more information.

### **9.7.3. Invoiced Transactions**

This screen contains all transactions that have been invoiced. It shows the recipient, funding source, transaction status and transaction balance.

If you need to re-invoice a trip, use the following instructions:

#### **Trips Billed to Wisconsin Medicaid:**

If the trip needs to be re-invoiced for *any* reason, first follow the instructions in section 9.5.2. Un-Invoice Medicaid Transactions. You must do this even if the trip will not be re-invoiced to Wisconsin Medicaid. If you modify only the recipient's name and/or Medicaid ID numbers, you may stop here. Otherwise, continue below.

Before you can modify an invoiced trip, you must first delete any transactions against the trip. This action changes the invoiced status of the trip from True to False. To do this, open the Transactions to Be Invoiced screen (see section 9.7.1. Transactions To Be Invoice.) Even though the transactions were already invoiced, the previous steps moved the transactions to this screen. Locate the trip to be re-invoiced, click the Transactions button next to the Transaction # field, and click the Delete button on the Transactions screen. Repeat this step for each transaction against the trip.

#### **Trips Not Billed to Wisconsin Medicaid:**

Before you can modify an invoiced trip, you must first delete any transactions against the trip. This action changes the invoiced status of the trip from True to False. To do this, open the Invoiced Transactions screen (see section 9.7.3 Invoiced Transactions). Locate the trip to be re-invoiced, click the Transactions button next to the Transaction # field, and click the Delete button on the Transactions screen. Repeat this step for each transaction against the trip.

You can now edit the trip as needed. To re-invoice the trip, follow the normal invoicing procedures.

## **9.7.4. Invoices**

This screen lists invoices individually and lists all transactions associated with each invoice.

## **9.8. Cash Receipts Menu**

### **9.8.1. Applied Cash Receipts Entry**

And

### **9.8.2. Applied Cash Receipts Entry (Medicaid Only)**

Use these options to enter a cash receipt and apply it directly to invoices. You must have either a check and/or cash in hand to use this option.

First, specify the invoice cut-off date. Next, choose the bill-to that has the open invoices to which you want to apply cash. Once you do this, all open invoices created prior to and including the invoice cut-off date appear in the detail region of the screen. At the bottom of the screen, you will see a field labeled "Item balance". Compare the amount shown there to the cash receipt amount.

If the item balance is less than or equal to the cash receipt amount, you can use either the Automatic or the Manual Reconciliation procedure. If the item balance is greater than the cash receipt amount, you must use the Manual Reconciliation procedure. The Automatic Reconciliation procedure assumes that all items on the current screen will be paid in full. If you need to adjust the amount on any item, you must use the Manual Reconciliation procedure.

Automatic Reconciliation:

Click the "Mark All Reconciled" button. This applies the proper cash amount to each of the invoices. When this is done, the field labeled "Reconciled amount" should have the same value as the item balance. Skip ahead to the "Create Cash Receipt" procedure.

Manual Reconciliation:

If the amount received for this item is equal to the item's balance, then click the "Full" check box. This copies the item's balance to the "Paid" column for this item.

If the amount received for this item is not equal to the item's balance, enter the amount received in the "Paid" column. If you click the "Full" check box, the item is marked as paid and a corresponding positive or negative adjustment is made to the sales amount. If you do not click the "Full" check box, the item is left as paid partially and may be re-invoiced for the remaining amount.

Repeat this procedure for each item until the reconciled amount equals the cash receipt amount. When finished, create the cash receipt.

#### Create Cash Receipt:

Click the Create Cash Receipt button. This creates the cash receipt and updates the necessary records. It then opens the cash receipt screen for you to enter the rest of the receipt information (R & S statement number, check number, receipt amount, and cash or check).

If the item balance is less than cash receipt, be sure to enter the full cash receipt amount. This creates an unapplied cash balance that can be applied to future trips.

Click the Close button. This closes the cash receipts screen and returns to the Applied Cash Receipts Entry screen. Perform the same steps for each cash receipt.

Notes: If you have discovered that a recipient was erroneously charged for a co-pay amount or the bill-to for the co-pay amount was incorrect, the recommended procedure is to delete the transaction prior to applying cash. In the case of a Wisconsin Medicaid trip, this will delete both of the transactions. Then, correct the recipient information and recreate the transactions and re-invoice. Finally, apply the cash.

In the case of Wisconsin Medicaid, the transactions will be need to go through the create process to be assigned a different invoice date prior to applying cash to the claim. The invoice date for that particular transaction will now be changed. In order to apply the cash to that invoice, you will need to adjust the Invoice Cut-off Date to see that claim. The claim will get rejected on the next R & S saying the claim was previously paid.

### 9.8.3. Unapplied Cash Receipts Entry

Use this option to enter a cash receipt for pre-payments and/or ticket sales. You must have a check and/or cash in hand to use this option. This option does not allow you to apply cash to invoices at the time the receipt is being entered like Applied Cash Receipts Entry does.

Note: This is the only place ticket sales can be entered. When you enter a ticket sale, a second receipt is created automatically. The second receipt is marked as Tickets. These are drawn down automatically when a recipient uses tickets to pay for trips.

It is important that a recipient be entered for this type of receipt. *If the payer is not the recipient and the recipient is not specified, the automatic draw down of tickets will not work.*

## **9.8.4. Apply Unapplied Cash**

Use this option to apply pre-payments to existing invoices. This must be done prior to printing invoices. Failure to do this could cause invoices to be sent out unnecessarily or with incorrect balances on them.

## **9.8.5. Cash Receipts**

This screen displays cash receipts one at a time and shows the transactions, if any, to which it was applied. Also, it allows you to delete the entire cash receipt or amounts applied to individual invoices/transactions.

## **9.9. Expenses and Payroll Menu**

### **9.9.1. Daily Expenses**

Use this option to record information about expenses from the completed expense forms. See section 11.2. Expense Form.

### **9.9.2. Transfer Trip Hours to Payroll**

This is an optional feature. Use this feature to transfer the hours, recorded on completed trips, to payroll (Time Sheets). This is done for a specific, trip date-range.

Note: Even though the trips may not be billable, due to missing information such as Physician Certifications or Prior Authorizations, the times are still transferred to payroll.

### **9.9.3. Time Sheets**

Use this option to view hours transferred from the completed trips. Here, you can add, change or delete any information about payroll.

## **9.10. Bill-to Balances**

Lists the current balance for each “bill-to”.

## **10. Reports Menu**

### **10.1. Dispatcher’s Recipient List**

Lists information regarding every recipient in order by last name.

## **10.2. Recipients by Funding Source**

Display or print the list of funding sources along with their recipients and status.

## **10.3. Certification of Need Expirations**

Display or print a list of recipients who's Certifications of Need for SMV Transportation either have expired or will expire prior to the expiration cutoff date you choose. See section 11.1 for information on renewing Certifications of Need.

## **10.4. Recipient Labels**

May be used to create mail labels for all recipients.

## **10.5. Trip Schedules**

### **10.5.1. Trip Edit List**

Display or print a list of trips for a specified branch office and trip date. This list is sorted by recipient and pick-up time.

### **10.5.2. Recurring Trips**

Display or print a list of recurring trips. This list is sorted by recipient and pick-up time. It is generated for a specified branch and trip date

### **10.5.3. Trip Schedule**

Display or print a schedule for a specified branch and trip date. This list is sorted by the daily trip-number. This is a full version of the schedule including the entire address and contacts. Other optional criteria that can be used for generating this schedule include service area and one or more funding sources.

### **10.5.4. Trip Schedule (Dispatcher Version)**

This is virtually the same version as the trip schedule with the exception that the addresses that are printed only include the first address line and a city. This allows for more trips to be printed on a page.

### **10.5.5. Trip Schedule with AR**

This is a slightly different version of the fore mentioned trip schedules. This version is printed in landscape and includes each recipient's accounts receivable balance.

### **10.5.6. Driver Schedule**

Display or print a driver's schedule. You select the driver and trip date range. The format of this report is almost identical to the Trip Schedule. The sort order is trip date, pick-up time and recipient.

Note: This report requires daily trip numbers to be generated. If your company schedules multiple branches, all branches must have the daily trip numbers generated for them prior to printing this schedule. This is because a driver may be assigned to trips for more than one branch.

### **10.5.7. Vehicle Schedule**

Display or print the vehicle schedule. You choose a trip date range. Each vehicle's schedule is printed on a separate page. It is sorted by trip date and pick-up time.

Note: This report requires daily trip numbers to be generated. If your company schedules multiple branches, all branches must have the daily trip numbers generated for them prior to printing this schedule. This is because a vehicle may be assigned to trips for more than one branch.

## **10.6. Open Trips**

Displays open trips. An open trip is defined as having a billable trip status, is not marked as invoiced and is prior to the current date. These trips may not be able to be processed further if any information is missing or if they have been canceled without being marked as canceled.

## **10.7. Invoices**

Use the following menu items to print the invoices created previously (see sections 9.4.1 and 9.5.1). Invoice creation and printing are separate functions so that you can create as many groups of invoices as you wish, but still print them all at one time. The sections below describe the different invoice formats.

### **10.7.1. Invoices - Detail**

This invoice format shows only a single transaction per page along with its transaction items. It also includes the trip number, trip date, pick-up and drop-off addresses. These invoices are generated for a specific, invoice date-range and bill-to.

## **10.7.2. Invoices - Summary**

This invoice format shows multiple transactions on each page. That is, each transaction is printed with the transaction number, recipient, and amount due. It also includes trip-related information including the trip number, trip date, pick-up and drop-off addresses and miles, but does not include the transaction items. These invoices are generated for a specific, invoice date-range and bill-to.

## **10.7.3. Invoices - Super Summary**

This invoice format shows multiple transactions on each page, also. That is, each transaction is printed with the recipient, trip date, transaction number and amount due; it does not include the transaction items or trip related information. These invoices are generated for a specific, invoice date-range and bill-to.

## **10.8. Private Invoice Totals**

This report lists funding source and invoice totals for each date. There is a total by date and a grand total. This is for all non-Wisconsin Medicaid funding sources only. The report is generated for a specific, invoice date-range.

## **10.9. Aged Invoices**

### **10.9.1. Summary**

This report lists each bill-to that has unpaid transactions. Transaction balances are summed and displayed in columns of 0-30 days, 31-60 days, 61-90 days and over 90 days. Totals are provided for each column. This report is generated using a specific invoice cutoff date, so you can create a report as of any date you choose.

### **10.9.2. Detail**

This report lists each bill-to who has unpaid transactions. Transaction items are list individually and displayed in columns of 0-30 days, 31-60 days, 61-90 days and over 90 days. This report is generated using a specific invoice cutoff date, so you can create a report date you choose.

## **10.10. Statements**

### **10.10.1. Open Items**

The format of the statements is very similar to that of the summary invoice. The statements include only transactions and their associated invoice number that has not been paid. Also, it shows the transaction balances and an aging of the transaction balances. The aging is based on the invoice date, not the trip date.

## **10.10.2. All Items**

This report is similar to the Statement except that all items are listed within the selected date range instead of just open items. Each trip is listed for the selected recipient, billing agent, and date range. For each trip, listed are trip, billing, and payment information.

## **10.11. Month-End Receivables**

This report lists, by branch office, the sales amount, adjustments, payments and ending balance for all open transactions for trips taken prior to a specific trip cut-off date. Grand totals are also provided.

## **10.12. Month-End Write-offs**

This report lists the total amount of invoices written off for each funding source. Totals are provided for each branch office. There is also a grand total. This report is generated using a trip date-range.

## **10.13. Cash Receipts Report**

This report lists the receipt type, receipt date, payer, check number, receipt number, receipt amount, discount amount and amount applied to transactions. There is a total by receipt type and a grand total. There is a second report called Cash Receipts by Branch. This lists the total cash received at each branch.

These report lists are generated for a specific receipt date-range.

## **10.14. Collections by Date (Tickets/Cash)**

This report will list the tickets collected, ticket value, ticket cash value and cash collected by date and driver. There is a total for each date and a grand total. This information is derived for a specific, trip date-range from the trip times and mileage entries.

Notes: In regard to the cash receipts and collections reconciliation process: when cash receipts are entered into the "Trip Mileage and Times" screen and the Cash/Ticket Collections has already been processed, then the Cash Receipts report may not reflect actual cash collected. This is caused when the trips which have cash or tickets entered on them cannot be processed as transactions. See section 9.2. Create Transactions for more information.

Collections report numbers are computed directly from tickets and cash entered on the Trip Mileage and Times screen. If there are discrepancies in the

reconciliation process, they are most likely due to entry errors or drivers incorrectly recording the cash or tickets collected.

## **10.15. Medicaid Remittance**

This report is similar in format to the Remittance and Status (R & S) report from Wisconsin Medicaid. It includes the recipient, transaction number, batch number, trip date, trip number, a procedure description, the amount billed and the amount allowed. Also, there are totals for each trip and a grand total. This report is generated for a specific, invoice date-range. The invoice date is the same as the batch creation date.

## **10.16. Sales by Funding Source**

This report lists total trips, gross sales, adjustments, and net sales by funding source. Grand totals for each of the columns are provided, also. The report is generated for a specific, trip date-range.

Note: It is possible to have trips taken in the specified, trip date-range that cannot be invoiced due to missing or incorrect information. The sales dollars for these trips will not be included in this report until the trips are invoiced. Thus, the report values can change until all trips taken in the date range are invoiced.

## **10.17. Sales by Service Area**

This report lists gross sales, adjustments, and net sales by service area, along with grand totals for each of the columns. The report is generated for a specific, trip date-range.

Note: It is possible to have trips taken in the specified trip date-range that cannot be invoiced due to missing or incorrect information. The sales for these trips will not be included in this report until the trips are invoiced. Thus, the report values can change until all trips taken in the date range are invoiced.

## **10.18. Service Area Mileage Revenue**

This report lists, by service area, total unloaded miles, total loaded miles, total miles, total net sales dollars and revenue per mile. The revenue per mile is calculated using the total loaded miles. The report includes grand totals and it is generated for a specific, trip date-range.

## **10.19. Contract Trip Report Menu**

### **10.19.1. Contract Trip Detail**

This report lists trip dates, trip numbers, trip type, profile, and amount due by recipient. The report is generated for a specific, invoice date-range and bill-to.

### **10.19.2. Contract Trip Summary**

This report lists by trip date and service area the count of each trip type, wheelchair and ambulatory trips, and total trips taken. Total trips for each service area and date, and grand totals are provided.

Also generated is a second report called Contract Trip Summary Total. This report lists totals by trip type and service area, and grand totals.

These reports are generated for a specific, trip date-range and bill-to.

### **10.19.3. Contract Trip Average Mileage**

This report lists by branch, the trip date, funding source, total trips, total unloaded miles, total miles, average mile per trip using total miles, average mile per trip using loaded miles only for a specific trip date-range. There are totals for each date and branch. Grand totals are also provided

## **10.20. Recipient Trip Summary**

This report lists, by recipient, a trip count and total net sales dollars for each funding source. The report includes recipient and grand totals, and is generated for a specific, trip date-range.

## **10.21. Driver Trip Summary**

This item generates two reports: The first report lists, for each driver, a trip count for each funding source. The second report lists, for each driver, a sales dollar total for each funding source. Each report includes recipient and grand totals. The reports are generated for a specific, trip date-range.

## **10.22. On-Time Performance**

### **10.22.1. Statistical Analysis**

This option provides an on-time statistical analysis summary for a requested funding source and specified time period.

## **10.22.2. Detailed Analysis**

This option provides a detailed on-time statistical analysis for a specific funding source, a specified time period, and within the tolerances requested.

## **11. Forms Menu**

### **11.1. Certification of Need for SMV Transportation Form**

A Certification of Need for SMV Transportation is required for each Wisconsin Medicaid eligible recipient. Certifications for indefinitely disabled recipients must be renewed annually. Certifications for temporarily disabled recipients must be renewed every ninety days. A completed certification must be on file before a claim is submitted to Wisconsin Medicaid.

Wisconsin Medicaid requests you provide your recipients with a Certification of Need for SMV Transportation form and a copy of a letter from Wisconsin Medicaid indicating the recipients' responsibility in completing the form and returning it to you. However, as a point of customer service, you may choose to print and send the form to the physician yourself. When you receive the completed form, it must be kept on file for five years.

If your modem has fax capabilities and you have installed Microsoft Fax or some other fax software, you can fax this form directly from your computer to the physician without printing it. To do so, simply look for your fax software's printer driver in the Print - Printer pull-down menu and select it.

SMV WI provides two methods for printing and/or faxing the certification form:

1. Use the Certification of Need form provided on the Forms pull-down menu. Using this method, you can select the recipient's name to have SMV WI automatically fill in the recipient's name and Medicaid ID number on the Certification of Need form. This form is an accurate copy of the Medicaid form, but it is not an exact copy.
2. Use the Certification of Need form found on the SMV WI submenu of the Windows Start menu. Using this method, you can manually enter the recipient's name and Medicaid ID number directly into the form before printing or faxing. This form is an exact copy of the Medicaid form (in fact, it is the electronic version of that form), but it requires that your system have Adobe Acrobat Reader installed. This is a free program that can be downloaded from the Adobe Web site.

Of course, you can always print/copy the blank form, fill in the recipient's name and Medicaid ID number by hand, and send/fax the form to the physician.

## **11.2. Expense Form**

This is a form for the drivers to keep track of the expensed he/she may incur for any given time period.

## **11.3. Trip Ticket Forms Menu**

### **11.3.1. Trip Ticket/Schedule Combination**

This version of the trip ticket provides multiple trips per page in order by daily trip number. The information about the trips, such as recipient, pick-up and drop-off information is printed on this form. The driver has to record only minimal information such as pick-up and drop-off times and mileage. It is generated for a specified branch and trip date. Other optional criteria that can be used for generating this schedule include service area, one or more funding sources and driver.

### **11.3.2. Trip Ticket (multiple trips per page, blank)**

This trip ticket has multiple formats. You can choose a Wisconsin Medicaid format or a non-Wisconsin Medicaid format. The difference between the two formats is that the non-Wisconsin Medicaid format does not provide space for entries such as SMV Diagnosis Code, Service, and Recipient Medicaid ID number. There is no trip information printed. All information must be filled in manually by the driver. This trip ticket allows multiple trips to be recorded on a single page.

### **11.3.3. Trip Ticket (one page, blank)**

This trip ticket has multiple formats. You can choose a Wisconsin Medicaid format or a non-Wisconsin Medicaid format. The difference between the two formats is that the non-Wisconsin Medicaid format does not provide space for entries such as SMV Diagnosis Code, Service and Recipient Medicaid ID number. There is no trip information printed. All information must be filled in manually by the driver. This trip ticket allows only one trip to be recorded on each page.

### **11.3.4. Trip Tickets by Date**

This trip ticket has multiple formats. You can choose a Wisconsin Medicaid format or a non-Wisconsin Medicaid format (see section 11.3.3). In addition, you must also specify a trip date for which you would like the tickets to be printed.

The information about each trip, such as recipient, pick-up and drop-off information is printed on this ticket. The driver has to record only minimal information such as pick-up and drop-off times and mileage. This trip ticket allows only one trip to be recorded on each page.

Note: To get tickets printed for all trips on the specified trip date, you must print both formats. This is true because only trips having Wisconsin Medicaid as the funding source are printed with the Wisconsin Medicaid format and vice versa.

#### **11.4. Medical Care Verification (by scheduled trip date)**

The Medical Care Verification forms are your number one defense against having claims denied by an audit. When these forms are properly filled out, they are your best proof of having provided the service you claim. SMV transportation auditors recommend filling out these forms for all Wisconsin Medicaid trips.

The Medical Care Verification (by scheduled trip date) is an optional form for Wisconsin Medicaid trips. If you are in doubt about the medical nature of the service to which you are transporting a recipient, or the destination is a non-medical facility, you may obtain documentation for your records by getting the medical provider to fill out and sign this form. This form is generated for all Wisconsin Medicaid trips scheduled on a specified date.

Note: If a recipient does not have a physician assigned or the service provided was not assigned to the trip(s), this form will not print the necessary information.

#### **11.5. Medical Care Verification (blank form)**

This form has the same format as the form printed by scheduled trip date. It has no recipient information printed on it. All information must be filled in manually.

#### **11.6. Vehicle Inspection Form**

A blank Vehicle Inspection Form can be printed from the menu. Print the list of inspection items as a blank vehicle inspection report. Fill out the report as the vehicle is inspected. Use the form during an inspection and then enter the results in SMV WI tab. Save the printed report for audit purposes.

**End of SMV WI Reference Guide.**