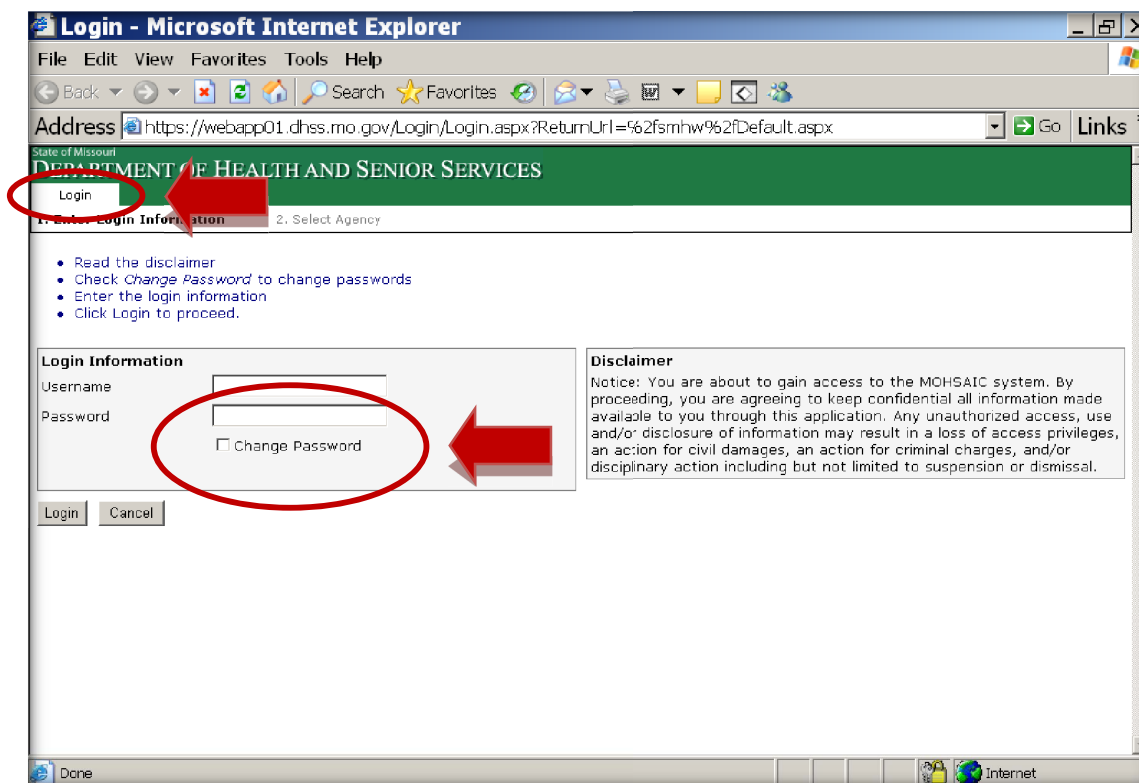
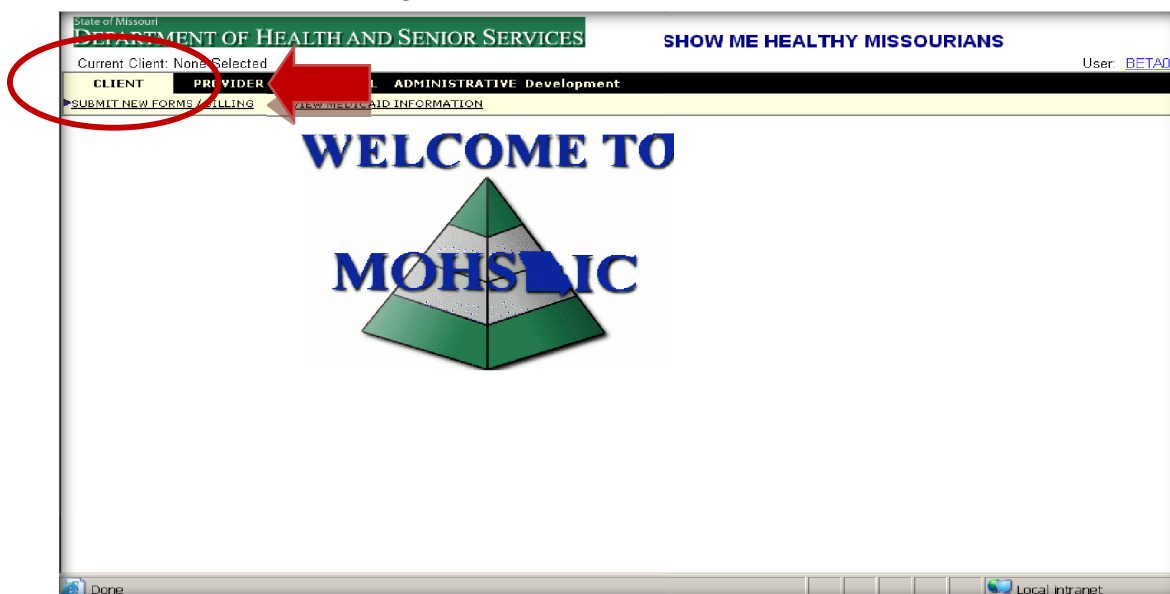




Entering or Viewing a Client

The main screen for the SMHW program appears. To enter or view a client:

- Click on the 'Client' link on the menu bar
- Choose 'Submit New Forms/Billing'



Client Search

In 'Submit New Forms/Billing' screen under the 'Client Information' section, choose either to 'Search and Select' or 'Register a New Client.'

Type the Social Security Number (SSN) with no spaces or hyphens; the Departmental Client Number (DCN) or the last and first name of the client separated by a comma (Example: Doe, Jane). **Do not click return – wait until drop down menu appears.**

If the screen returns more names than the screen will hold, use the scroll down bar to see the full screen. If there are more than 15 names on the screen use the double arrow at the bottom of the screen to proceed to the next search result screen.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

SUBMIT NEW FORMS / BILLING **VIEW CLIENT INFORMATION**

[Show Instructions](#)

Submit Form

Client Information

Client Name: ? [Update Client Information](#)

Address:

SSN: Sex:

DOB: Race:

DCN: Ethnicity:

City, State Zip: , MO Phone: - - ☐ No Phone

Provider Information

☐ Regular Billing ☐ Direct Billing

Provider: Referring Provider:

Service Name/Address:

Form Type/Version

Type:

Version:

Done Local

Searching for Current Client

If the client name appears, then select the correct name by clicking on it. Verify the name by checking the date of birth (DOB) and DCN number, if available. The client may be in the system with multiple names. Choose the name of the client as she presents to you. If not available, select one and then correct with 'Update Client Information.'

The client information screen will display the client demographic information. If any information is missing, add the correct information in the 'Update Client Information' screen.

If the client name is not in the database, this screen will say 'No Results Found'. Press the tab key to continue.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

[Show Instructions](#)

Submit Form

Client Information

Client Name: jane, doe ? [Update Client Information](#)

Address: 2 of 2 retrieved. Make a selection, Refine Search or Press tab key to continue

Name	DOB	DCN	Address	PartyID
JANET, DOE M		12345678		378223108
JANET, DOE M		12345678		378223116

City, State Zip

Provider Inform

Provider

Service Name/Address

Form Type/Version

Type: [dropdown]
Version: [dropdown]

Create Form Close

Adding a New Client

If the client name does not appear, then hit the 'enter' or 'tab' key and the message to add a new client appears. Click the 'OK' button and proceed to the 'Add Person' screen.

The screenshot shows the MOHSAIC web application interface. At the top, there is a header for the State of Missouri Department of Health and Senior Services, with a link to 'SHOW ME HEALTHY MISSOURIANS'. Below the header, there are tabs for 'CLIENT', 'PROVIDER', 'FINANCIAL', 'ADMINISTRATIVE', and 'Development'. The 'CLIENT' tab is selected. Under the 'CLIENT' tab, there are links for 'SUBMIT NEW FORMS / BILLING' and 'VIEW MEDICAID INFORMATION'. The main content area is titled 'Submit Form' and contains a 'Client Information' section with fields for 'Client Name' (containing 'Jane, doe'), 'Address', 'City, State Zip', 'Provider Information' (with radio buttons for 'Regular Billing' and 'Direct Billing'), 'Provider' (with a dropdown menu), 'Referring Provider' (with a dropdown menu), 'Service Name/Address' (with a dropdown menu), and 'Form Type/Version' (with 'Type' and 'Version' dropdown menus). A 'Create Form' button and a 'Close' button are at the bottom right. A 'Microsoft Internet Explorer' dialog box is overlaid on the form, displaying a message: 'The client was NOT found in MOHSAIC. Click OK to add the client. Click CANCEL to search again.' The 'OK' button is circled in red, and a red arrow points to the 'Cancel' button.

The search will check the MOHSAIC and DSS databases. If the client name is not in the system, the screen appears with the 'No results found matching search criteria.' Click the 'Create New Client on MOHSAIC' link.

QuickClientAdd -- Web Page Dialog

Add Person

Show Instructions

Client

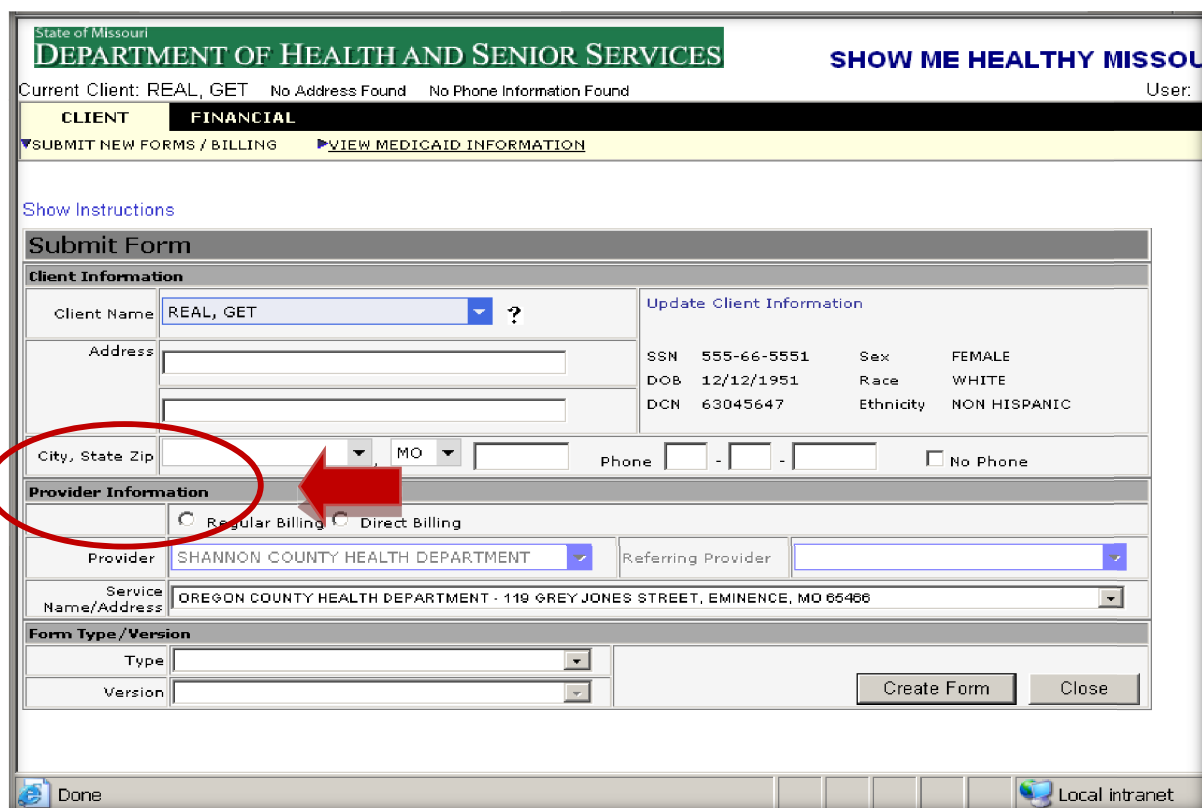
Last Name *	CORRECT	First Name *	IMA
Suffix		Middle Name	
Date of Birth *	3/21/1952	Prefix	
Gender *		Gender *	FEMALE
Ethnicity *	NON HISPANIC	SSN	
Race *	AMERICAN INDIAN - CHIPPEWA		

Search | [Create New Client on MOHSAIC](#) | [Modify Search](#) | [Cancel](#)

No results found matching search criteria.

Adding new client, continued

The 'Client Information' screen is displayed. The next step is to enter the address and telephone number. Then proceed to the 'Provider Information' section or view Medicaid information.



State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

Current Client: REAL, GET No Address Found No Phone Information Found User: []

CLIENT **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

[Show Instructions](#)

Submit Form

Client Information

Client Name: REAL, GET ? [Update Client Information](#)

Address: []

City, State Zip: [] MO [] Phone: [] - [] - [] ☐ No Phone

SSN: 555-66-5551 Sex: FEMALE
DOB: 12/12/1951 Race: WHITE
DCN: 63045647 Ethnicity: NON HISPANIC

Provider Information

☐ Regular Billing ☐ Direct Billing

Provider: SHANNON COUNTY HEALTH DEPARTMENT ✓ Referring Provider: []

Service Name/Address: OREGON COUNTY HEALTH DEPARTMENT - 119 GREY JONES STREET, EMINENCE, MO 65466

Form Type / Version

Type: [] Version: [] [Create Form](#) [Close](#)

Done Local intranet

Address Verification

If the system does not recognize the address, 'Address Verification' will pop up. If the address is correct, enter the county and click "save." Or change the address to a valid address and click save.

If the county and address match the database, the pop-up box will turn orange. If not, and both fields are correct, call SMHW at 866-726-9926 to request an address fix. Normally this fix will be done overnight.


AddressPopup -- Web Page Dialog
✕

Address Verification

- The address entered could not be completely verified.
- Either the address could not be validated or multiple addresses were found that could possibly be the address being entered.
- Select one of the possible addresses or accept the address as entered.

[Show Instruction](#)

Address Verification	
Invalid Address	NOTE: This address will be marked as OVERRIDE. 164 SYCAMORE LN JEFFERSON CITY, MO 65109 County
Valid Addresses	The lower score number indicates a closer address match. No valid addresses were found.

[Save](#) | [Cancel](#)

Checking for Medicare/Medicaid

If the client name is not on Medicaid, the screen will be empty. The 'View Medicaid Information' is transferred from the DSS database. **This screen is 'read only'**. The screen will display the current client at the top of the screen.

If a client name is displayed at the top of the screen and is on Medicaid, the screen will be filled in.



State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HEALTHY MISSOURIA

User: BETA

CLIENT **FINANCIAL**

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

Client - ROSES, MERRY [Change Client](#)

Client's Medicaid Status	
Status	Status Date

Parent/Guardian Medicaid Case Information			
DCN	Status		
Telephone			
Address 1			
Address 2			
City	State	Zip	

Client's Medicaid Dates				
Begin Date	End Date	Program	Level Of Care	ME Code
1				

Client's Managed Care(Medicaid Only)			
Plan	Begin Date	End Date	Plan Number
1			

[Close](#)

Done Local Intranet

Checking for Medicare/Medicaid, continued

This screen shows all of the client and guardian (if applicable) information as well as the managed care information. If there is an open date but no close date, the client is on some sort of assistance.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIA**
User: BETA

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

SUBMIT NEW FORMS / BILLING VIEW MEDICAID INFORMATION

Client's Medicaid Status			
Status	0	Status Date	

Parent/Guardian Medicaid Case Information			
DCN	18053885	Status	5
Telephone			
Address 1	1007 INTL AVE BOX 605		
Address 2			
City	JOPLIN	State	MO
		Zip	64801

Client's Medicaid Dates				
Begin Date	End Date	Program	Level Of Care	ME Code
9/1/2002	5/28/2006	A		
9/1/2002	5/28/2006	A		
9/1/2002	5/28/2006	A		
1				

Client's Managed Care (Medicaid Only)			
Plan	Begin Date	End Date	Plan Number
1			

[Close](#)

Local intranet

Please remember when pulling up or entering another client under client demographics, **verify** the client address and other personal information is correct. We have encountered several forms that were entered for a different client, but only the client name was changed. This leads to duplicate records in the system and results in errors on the data submitted to CDC. **Until a software programming change is complete, please make sure the date of birth and SSN are correct for the client form being entered.**

Entering Provider and Form Type Information

On the 'Provider Information' section, select either 'Regular' or 'Direct Billing'. If 'Direct Billing' is selected, a referring provider must be entered. Type in the provider's name and select the appropriate provider. If 'Regular Billing' is selected, a referring provider is not necessary.

When entering information in this section is complete, proceed to the next section – 'Form Type/Version.'

This section has two parts: a) when one of the forms is selected, the version will be filled in and b) during the first few months of the new grant year, there could be multiple versions. By default, the software automatically selects the version based on the present date. To enter a form with a different date of service, select a different version from the drop down box.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

Current Client: DOE, JANE A 1415 S EVANSTON KANSAS CITY, MO 64108 No Phone Information Found

CLIENT PROVIDER FINANCIAL ADMINISTRATOR Development

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

[Show Instructions](#)

Submit Form

Client Information -- Please verify address and demographics below and update as needed.

Client Name	DOE, JANE A ?	Update Client Information	
Address	1234 PINEAPPLE LN	SSN	123-45-6789
		Sex	FEMALE
		DOB	4/24/1949
		Race	WHITE
		DCN	63045628
		Ethnicity	NON HISPANIC
City, State Zip	JEFFERSON CITY, MO 65102	Phone	- -
			☒ No Phone

Provider Information

☒ Regular Billing ☐ Direct Billing

Provider: OREGON COUNTY HEALTH DEPARTMENT Referring Provider:

Service Name/Address: JONES, INDIANA K - 416 MARKET STREET, ALTON, MO 65608

Form Type/Version

Type	Patient History (Green)	Create Form Close
Version	Forms for Services Provided On or After June 30, 2007	

Done

Entering Provider and Form Type Information continued

Under the gray heading, 'Form Type/Version', click on the correct form 'Type' for the submitted information:

- Breast Diagnosis and Treatment (purple)
- Cervical Diagnosis and Treatment (yellow)
- Patient History (green)
- Screening Reporting Form (blue)
- WISEWOMAN Form (pink)

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES [SHOW ME HEALTHY MISSOURI](#)

Current Client: PERSON, NOTA 88888888 RANDOM STREET JACKSON, KS 65109 County: ADAIR (458) 869-5236

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

Submit Form

Client Information -- Please verify address and demographics below and update as needed.

Client Name: PERSON, NOTA ? [Update Client Information](#)

Address: 88888888 RANDOM STREET

SSN: [] - [] - [] ☐ SSN Not Available

DOB: 1/1/1901 Sex: FEMALE

DCN: 62217117 Race: PACIFIC ISLANDER -

Ethnicity: HISPANIC

City, State, Zip: JACKSON, KS 65109 Phone: 458 - 869 - 5236 ☐ No Phone

Provider Information

☐ Regular Billing ☐ Direct Billing

Provider: [] Referring Provider: []

Service Name/Address: []

Form Type/Version

Type: Patient History (Green)

Version: Breast Diagnosis and Treatment (Purple)
Cervical Diagnosis and Treatment (Yellow)
Patient History (Green)
Screening Reporting Form (Blue)
WISEWOMAN Form
Colorectal History Form
Colorectal Screening Form

[Create Form](#) [Close](#)

Page: 2 of 4 Words: 29 Local intranet

Entering Provider and Form Type Information continued

Click on the correct form 'Version': ('Forms for Services Provided On or After June 30, 20__'). Dates must correspond with the service dates being submitted. Click on the correct form 'Version' for the submitted information:

- Forms for Services Provided On or After June 30, of the appropriate grant year.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

Current Client: PERSON, NOTA 88888888 RANDOM STREET JACKSON, KS 65109 County: ADAIR (458) 869-5236

CLIENT **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

Submit Form

Client Information -- Please verify address and demographics below and update as needed.

Client Name: PERSON, NOTA ? [Update Client Information](#)

Address: 88888888 RANDOM STREET

City, State, Zip: JACKSON, KS 65109

SSN: [] - [] - [] ☐ SSN Not Available

DOB: 1/1/1901 Sex: FEMALE

DCN: 62217117 Race: PACIFIC ISLANDER -

Ethnicity: HISPANIC

Phone: 458 - 869 - 5236 ☐ No Phone

Provider Information

☐ Regular Billing ☐ Direct Billing

Provider: [] Referring Provider: []

Service Name/Address: []

Form Type/Version

Type: Patient History (Green)

Version: Forms for Services Provided On or After June 30, 2009

Forms for Services Provided On or After June 30, 2009

Forms for Services Provided On or After June 30, 2008

Forms for Services Provided On or After June 30, 2007

Forms for Services Provided On or After June 30, 2006

Forms for Services Provided On or After June 30, 2005

Forms for Services Provided On or After June 30, 2004

[Create Form](#) [Close](#)

Filling Out a Form

The name is displayed before entering the data. The form on the screen is the same as the paper form. Fill in the form and click the 'Submit' button at the bottom of the screen to submit/save.

To fill in the forms use the mouse, tab key, or the space bar. To use the mouse, click on the drop down arrow and then select the appropriate choice. If using the mouse for buttons, just click inside the circle. All forms work the same way.

- If content of the drop down box is known, then tab to the empty field and type the first letter. The word will appear.
- Tab to the next field.
- When tabbing and encountering a square radio button, hit the space bar to fill it in.
- Tabbing to a radio button will automatically fill in the circle when highlighted.

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTH

Current Client: BROWN, MARY 2322 W WASHINGTON UNIONVILLE, MO 90210 No Phone Information Found

CLIENT

PROVIDER

FINANCIAL

ADMINISTRATIVE Development

SUBMIT NEW FORMS / BILLING

VIEW MEDICAL INFORMATION

Show Instructions

Patient History

Ver. - 64

Provider SAMH Number - Service Address

23730993701 - 416 MARKET STREET, ALTON, MO 65606

A. PERSONAL HISTORY

Name (Last, First, Middle Initial)

BROWN, MARY

Maiden Name

Date of Birth

8/3/1942

Social Security Number

015-65-5524

Medicaid DCN / Medicare Number

01565524

Ethnicity:

NON HISPANIC

Race:

BLACK

Marital Status:

Date Form Received:

MM/DD/YYYY

Date of Visit

MM/DD/YYYY

Number of Household Members

Household Income (Monthly)

How did you hear about SMHW?

(1) Physician

(2) Clinic

(3) Television

(9) Health Fair

(10) Health Coalition

(11) Outreach Worker

Done

How to Complete 'Reporting Only' Process

EXAMPLE: A client who is eligible for SMHW diagnostic services is referred from an outside provider. The client has had a breast or cervical screening/diagnostic that is suspicious for cancer. Cancer diagnosis by a tissue biopsy is unconfirmed.

- Verify client eligibility
- Have client sign SMHW Client Eligibility Agreement form
- Complete green History form
- Enter data into MOHSAIC from green History form
- Enter the abnormal screening information on the blue Screening form as Reporting Only.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTH**

Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BET4

CLIENT **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

Provider (16) Other Location

B. CLINICAL BREAST EXAM RESULTS ☒ Reporting Only

Does client report any breast symptoms? Additional Information Required if "YES" Selected

CBE WNL Additional Information Required if "NO" Selected

FINDINGS PRESENT AT CBE (check only one)

BENIGN FINDING:

SUSPICIOUS FOR CANCER
(requires additional follow-up)

☐ 1) Benign finding (fibrosystic changes, diffuse lumpiness, clearly defined thickening, tenderness or nodularity)

☐ 2) Discrete palpable mass (includes masses that may be diffuse, poorly defined thickening, cystic or solid)

☒ 3) Bloody or serous nipple discharge

☐ 4) Nipple or areola scaliness or erythema

☐ 5) Skin dimpling, retraction, new nipple inversion, peau d'orange, ulceration; also one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral

☐ 6) Enlarged, tender, fixed, or hard palpable supraclavicular, infraclavicular, or axillary lymph nodes; also swelling of upper arm

Date of CBE MM/DD/YYYY

Rescreen Planned (less than 10 months) MM/YYYY

Diagnostic Work-up Planned MM/YYYY

C. MAMMOGRAM RESULTS ☐ Reporting Only

Mammogram Provider Facility Facility Name/City

Previous Mammograms

Local intranet

Screening Report Form

If a SMHW provider performs additional breast/cervical procedures, enter the data and check the appropriate visit type.

If no SMHW screening services are provided by a SMHW provider, check the appropriate 'Visit Type' and check the 'Referral Fee' box if requesting the \$20 referral fee. Provider reimbursement is for the referral fee only, not an office visit.

Report any other outside diagnostic procedures completed prior to enrollment on the appropriate diagnostic form as 'Reporting Only' and report SMHW follow-up procedures as usual.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BET

CLIENT **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

Show Instructions

Screening Report Ver. - 64

Provider SAMH Number - Service 43601779101 - SHANNON COUNTY HEALTH DEPARTMENT
Address 119 GREY JONES STREET, EMINENCE, MO 65466

A. PERSONAL DATA

Name (Last, First, Middle Initial) ROSES, MERRY
Maiden Name
Date of Birth 4/16/1946 Social Security Number 555-52-5555 Medicaid DCN/Medicare Number 63045633

Annual Visit Type
☒ Referral Fee Client Eligibility Verified
No Insurance Coverage Deductible Met
Type of Medicare

How did you hear about SMHW?

(1) Physician (9) Health Fair
(2) Clinic (10) Health Coalition
(3) Television (11) Outreach Worker
(4) Radio (12) Relative/Friend
(5) Printed Ad (13) University Extension

Local intranet

Screening Report Form, continued

An error message may appear at the bottom of the screen after the 'Submit' button is clicked. If this happens, the system will require form correction before proceeding. Upon form correction, click the 'Submit' button again and the system will proceed to the next screen.

After the successful submission of the form the 'Submit Form' screen will again be displayed. If you wish to continue with this client for additional forms, return to 'Submit New Form/Billing.'

To search for another client, type over the current name and the new search result screen will appear. Select the new SSN and the screen will refresh with the new client name and information.

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTH

Current Client: BROWN, MARY 2322 W WASHINGTON UNIONVILLE, MO 90210 No Phone Information Found

CLIENT

PROVIDER

FINANCIAL

ADMINISTRATIVE

Development

▼SUBMIT NEW FORMS / BILLING

►VIEW MEDICAID INFORMATION

Have you had a hysterectomy?

If YES, what was the reason for having a hysterectomy?

☐ Cervical Cancer/Dysplasia
 ☐ Other

☐ Benign Tumor

Clear

Do you still have a cervix?

E. TOBACCO USE

Have you smoked at least 100 cigarettes in your entire life?

Do you now smoke cigarettes?

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Submit Cancel

Any Errors Displayed Here Must Be Resolved to Submit

- Form Received Date Must Be Entered
- Date of Visit Must be Entered
- Number of Household Members Must be Entered
- Household Income Must be Entered
- How Heard About SMHW Must be Selected
- Highest Grade Completed Must be Selected

Done

Lesson 2: Financial

In Lesson 2, learn how to:

- Check provider contract information
- Check daily summary of forms submitted
- Review pay status of forms

Provider Contract Information

When clicking the 'Provider Contract Information' the financial information is automatically displayed. This screen tracks and displays the amount of funding given, amount billed, amount paid, and amount available. The billed amount subtracts from the amount available upon submission.

If this information does not correspond with your records, contact the SMHW billing coordinator at 866-726-9926. SHMW encourages you to monitor/track your funds through your internal system.

Daily Summary of Forms Submitted

Click on the 'Daily Summary of Forms Submitted' and then click on the month and day to display. Click the arrows on the month bar to change the month and then select the day to display. This will display the client's financial information by type, date and amount.

Clicking on 'Display Full List to Print' will display the screen for sending to the default printer. Clicking on the 'Print Listing' button will generate a print job. Choose the printer on the print screen and click print. If a printout is not needed, click the 'Close' button to return to the main screen.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

CLIENT FINANCIAL

DAILY SUMMARY OF FORMS SUBMITTED REVIEW PAY STATUS OF FORMS PROVIDER CONTRACT INFORMATION

[Show Instructions](#)

Summary of Forms

Provider Name: SHANNON COUNTY HEALTH DEPARTMENT ☐

< April 2008 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Select a Highlighted Date to Display Forms for this Provider for the Selected Date

Review Pay Status of Forms

Searching for all records submitted or for a specific client is possible. There are four form status types:

- Submitted by Provider,
- Approved,
- Released to Finance for Payment, and
- Check Mailed.

Each indicates a different step in the review and payment process.

Searching for a client will display all forms submitted for that client and the pay status. Click on 'Form Status' to view all clients under the criteria or click multiple items to display all the selections. (Example: 'Check Mailed')

Entering the date range will display all forms status for the range. Click the 'Search' button to display results.

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTHY MISSOURI

CLIENT

FINANCIAL

DAILY SUMMARY OF FORMS SUBMITTED

REVIEW PAY STATUS OF FORMS

PROVIDER CONTRACT INFORMATION

Show Instructions

Pay Status of Forms

Provider Name:	SHANNON COUNTY HEALTH DEPARTMENT		
Client Name:	Last:	First:	
Form Status:	☒ Submitted By Provider ☒ Approved		
Uncheck All	☒ Released To Finance For Payment ☒ Check Mailed		
Visit Date Range:	Begin Date:	End Date:	
Search Clear Close			

Review Pay Status of Forms, continued

The 'Form Type' and 'Total Amount Paid' columns show in blue. Clicking on either one brings up the form or the claim screen to review. **The claim screen form is 'read only'.**

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTHY MISSOURI

CLIENT

FINANCIAL

DAILY SUMMARY OF FORMS SUBMITTED

REVIEW PAY STATUS OF FORMS

PROVIDER CONTRACT INFORMATION

Provider Name:

SHANNON COUNTY HEALTH DEPARTMENT

Client Name:

Last:

First:

Form Status:

☒ Submitted By Provider

☒ Approved

Uncheck All

☒ Released To Finance For Payment

☒ Check Mailed

Visit Date Range:

Begin Date:

End Date:

Search

Clear

Client Name at Time of Visit	Visit Date	Form Type	Amt Billed	Original Payment	Total Amt Paid	Status	Warrant Date
ROSES, MERRY	04/16/2008	Screening	\$0.00	\$0.00	\$0.00	SUBMITTED BY PROVIDER	

1

Review Pay Status of Forms, continued

Clicking on the 'Amount Billed' link will display the detailed information for that client and date. **This form is 'read only'.**

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTHY MISSOURIA
User: BETZ

CLIENT

FINANCIAL

[DAILY SUMMARY OF FORMS SUBMITTED](#)
[REVIEW PAY STATUS OF FORMS](#)
[PROVIDER CONTRACT INFORMATION](#)

[Show Instructions](#)

CLAIM DETAILS

Client Name :	ROSES,MERRY	Form Type :	SCREENING
Visit Date :	4/16/2008	Visit Type :	Initial
Begin Date :	4/16/2008	End Date :	4/16/2008
Total Amount Billed :	\$0.00	Total Amount Paid :	\$0.00

SERVICE DETAILS

Service Type	Fund for Payment	Amount Billed	Amount Paid	Comments
OFFICE OUTPT NEW 30 MIN		\$0.00	\$0.00	
1				
Total Amount Billed on Services: \$0.00		Total Amount Paid on Services: \$0.00		

[Close](#)

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Done

Local intranet

Address questions and general assistance requests to the central office staff by calling SMHW/WISEWOMAN at 866-726-9926.

Direct specific questions or concerns with MOHSAIC to the ITSD Help Desk at 800-347-0887 or by e-mail at support@health.mo.gov.