

SPOT User Manual – Claim Submission


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# CLAIMS SUBMISSION (AP)

This help guide is divided into two sections: entering professional claims and entering institutional claims. The final section is a guide for providers needing to enter claims using the 837.

## How to Enter a Professional Claim that Requires an Authorization

- Click the [Claim Submission\(AP\)](#) link in the Main Menu
- Click the [\(1\) Enter Claims](#) link to the right of the Main Menu and the following screen will be displayed:

Provider:

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click [Enter HCFA-1500](#) or [Enter UB-04](#).  
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

### Authorizations

Authorization #	Affiliate	Provider Name	Consumer Name	Authorization Effective
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- Enter the provider. If you know the provider ID, enter it alongside "Provider." If no, click on the  to search for and select the provider. SPOT will display the following screen:

Case #:  Last Name:   
 Authorization Number:   
 Check this box to show all authorizations  
 If not checked, only authorizations that expired less than a year ago will be shown.  
 Provider:

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click [Enter HCFA-1500](#) or [Enter UB-04](#).  
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

- When the entering search criteria above, remember – less is more! For example, enter only the first few letters of the provider name and click "SEARCH." SPOT will return results. Next, click "SELECT" on the provider you need. You will be returned to the Claim Entry screen and you will see that SPOT has entered the provider you chose.
- Click . You may now see authorization(s) listed per the example below:

Case #:  Last Name:   
 Authorization Number:   
 Check this box to show all authorizations  
 If not checked, only authorizations that expired less than a year ago will be shown.  
 Provider:

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click [Enter HCFA-1500](#) or [Enter UB-04](#).  
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

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Authorization #	Affiliate	Provider Name	Customer Name	Authorization Effective	
1703A0000164	Summit Pointe	Autism Center	SFirst ALast	03/13/17 - 06/13/17	<a href="#">View Authorization</a> <a href="#">Enter HCFA-1500</a>
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
0366X U5 TF ABA Group Adaptive Behavior Treatment		100 Per Auth Total:100	3	0	97 03/13/17-06/13/17
UM-20160613-332604	Summit Pointe	Autism Center	SFirst ALast	06/13/16 - 06/13/17	<a href="#">View Authorization</a> <a href="#">Enter HCFA-1500</a>
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
H0031 Psychosocial Assessment		1 Per Auth Total:1	0	0	1 06/13/16-06/13/17

- In the event there are numerous authorizations, you can use the filter above to narrow your search for a particular authorization as follows:

**Case number (#)** – enter the Customer ID

**Last Name** – enter partial or the entire Customer last name

**Authorization Number** – enter the authorization number in the text box provided

**Check this box...** – if this box is unchecked, SPOT will display current authorizations as well as those that have expired within one year. If you wish to see older authorizations, those have expired over one year ago; place a checkmark in the checkbox.

Click the  button

- To enter a claim, click the [Enter HCFA-1500](#) to the right of the authorization you wish to bill for

## How to Enter the HCFA-1500

Following the steps outlined above, SPOT will now display the HCFA-1500 Claim form below:

Authorization # 1610A0007824	Provider Name	Authorization Effective 10/20/16 - 10/19/17	Status Approved
Authorized Service Description T1020 Personal Care Per Diem	Units Authorized 1 Per Day Total: 365	Units Claimed to Date 73 Auth Rate: \$48.60	Units Paid to Date 73
		Units Available 292	10/20/16-10/19/17

Health Insurance Claim Form			
Claim Batch NEW BATCH <input type="button" value="v"/>			
Patient's Name	3. Patient Birthdate	Sex	4. Insured's Name

- Verify you have the correct authorization, Customer, etc. Several fields are read-only and cannot be modified; below are the descriptions for the sections that are to be entered:
  - Claim Batch** – Use the drop down menu to select the batch number for the claim. If no batch exists, the only option will be “NEW BATCH.” You may use the “NEW BATCH” option to begin a new batch at any time.
  - 21. Diagnosis Codes** – Diagnosis may pre-populate here from the Customer’s record. There must be an entry in the first (1) box, at least. Use the lookup as needed to select the diagnosis.
  - [Add More Detail Lines, Expand All, Contract All](#) – these links adjust the rows below
  - 24. (Detail Lines)** – Some information may pre-populate here. Add, modify information as needed. Enter a detail line for each date of service or date range of service. \*PLEASE NOTE – Only services with a day unit can be reported in date ranges. All other service units, i.e. 15-minute, hour and encounters, are reported per date or service.

	24.	A		B	C	D				E	F	G	H	I	J	K	
		Dates Of Service		POS	TOS	Procedures/ Service				Diagnosis	Charges	Units	Family Plan	EMG	COB	Local Use	
		From	To			CPT/HCPCS	Mod(s)										
+ Copy						T2038	PE				1						
+ Copy																	
+ Copy																	

- Dates of Service – Enter the first date of the service in the “From” field. Enter the last date of the service in the “To” field. If this service is to be reported per date of service enter the same date in the “From” and “To” fields.
- POS (Place of Service) – Enter the place of service numeric value
- TOS (Type of Service) - (may be left blank)
- CPT/HCPCS – SPOT will automatically enter the CPT/HCPCS code(s) listed in the authorization
- Mod(s) – add modifier(s) as needed

- Diagnosis – SPOT will automatically indicate that this claim pertains to the diagnosis listed in section 21. box 1 above
- Charges – Enter the total charges for this service line
- Units – Enter the total number of units for this service line
- Family Plan, EMG, Local Use – read-only fields
- COB (Coordination of Benefits) – This field is not used. See below for COB information
- For services that require you to report the time of service and/or to enter COB information:
- Click the **+** button to left of the service line or click the [Expand All](#) link above the detail lines.

- ◆ Enter the begin and end time of the service (if required/applicable)
- ◆ Enter the COB Allowed Amount – this is the amount that is allowed by the 3<sup>rd</sup> party insurance company for this line of service.
- ◆ Enter the COB Paid Amount – This is the amount that was paid by the 3<sup>rd</sup> party insurance company for this line of service.
- ◆ Enter the COB Paid Date – this is the date the 3<sup>rd</sup> party insurance company paid.
- ◆ Enter the COB HIPAA Claim Adjustment Reason Code – this is the standard HIPAA (Medicaid) adjustment reason code for this COB payment.
- ◆ To enter the Staff who performed the service (If applicable):
  - Click the **lookup** button to the right of the “Staff” field.
  - Search for and select the Staff Member’s information.
- ◆ Enter the notes in the “Notes” field if applicable

Click the **-** button to collapse the data entry field or click the [Contract All](#) link above the detail lines. Although hidden, the information will remain in the screen until deleted by the User.

- SPOT has a [Copy](#) link to assist entering data; the [Copy](#) link will allow you to copy a service detail line and make it applicable to multiple service dates. To use the copy function:

Complete the service line.

Click the [Copy](#) link to the left of the line.

A calendar will appear:

<a href="#">Select All</a> April 2012 <a href="#">Unselect All</a>						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>
22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
29 <input type="checkbox"/>	30 <input type="checkbox"/>					

Place a checkmark in the days you wish to populate

Click the **CREATE DETAIL LINES** button.

Detail lines will be created for the dates indicated.

- Click the **SAVE** button.

The Claim is now saved. Continue to add claims to the batch by selecting the next Customer. Once all claims for the Provider have been entered, proceed to [SPOT Step 2 Send Batch of Claims for Processing](#).

## How to Enter Hospital (Institutional) Claims that Require an Authorization

Use this link to view authorized services and enter claims.

- Click the [Claim Submission\(AP\)](#) link in the Main Menu
- Click the [\(1\) Enter Claims](#) link to the right of the Main Menu and the following screen will be displayed:

Provider:  **lookup** **clear** **SEARCH**

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.  
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

### Authorizations

Authorization #	Affiliate	Provider Name	Consumer Name	Authorization Effective
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- Enter the hospital. If you know the hospital ID, enter it alongside "Provider." If no, click on the **lookup** to search for and select the hospital. SPOT will display the following screen:

Provider Autism Center (11) Phone	Location Type Direct Program Fax	Address 100 Country Pines BATTLE CREEK, MI 49015
---	--	--

Case #:  Last Name:   
Authorization Number:   
 Check this box to show all authorizations  
If not checked, only authorizations that expired less than a year ago will be shown.  
Provider:  11  Autism Center **lookup** **clear** **SEARCH**

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.  
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

- When entering search criteria above, remember – less is more! For example, enter only the first few letters of the hospital name and click **SEARCH**. SPOT will return results. Next, click "SELECT" on the hospital you need. You will be returned to the Claim Entry screen and you will see that SPOT has entered the hospital you chose per below:
- An authorizations list will appear. If there are several authorizations, you can narrow your search by using the following fields:

**Case #** - enter the Customer ID

**Last Name** – enter partial or the entire Customer last name

**Authorization Number** – enter the authorization number in the text box provided

**Check this box...** – if this box is unchecked, SPOT will display current authorizations as well as those that have expired within one year. If you wish to see older authorizations, those have expired over one year ago; place a checkmark in the checkbox.

Click the **SEARCH** button

- Click the [Enter UB-04](#) link to the right of the authorization you are billing for and follow the steps below

Authorization #	Affiliate	Provider Name	Consumer Name	Authorization Effective	
1611A0009344		Forest View Hospital - Adult	Forest View Hospital - Adult	10/06/16 - 10/19/16	<a href="#">View Authorization</a> <a href="#">Enter HCFA-1500</a> <a href="#">Enter UB-04</a>
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
0100	All Inclusive Room & Board Plus Ancillaries	1 Per Day Total:3	0	3	0
					10/06/16-10/08/16
0100	All Inclusive Room & Board Plus Ancillaries	1 Per Day Total:11	13	10	1
					10/09/16-10/19/16

## How to Enter the UB-04

Following the steps outlined above, the UB-04 Claim Form will now be displayed:

- Verify and update the following information (several fields are read-only):

UB-04 HCFA-1450					
Claim Batch NEW BATCH					
Name and Address of Facility FOREST VIEW HOSPITAL - ADULT 1055 MEDICAL PARK DRIVE GRAND RAPIDS, MI 49546-3607		Billing Name and Address FOREST VIEW HOSPITAL 1055 MEDICAL PARK DRIVE GRAND RAPIDS, MI 49546			
3. PATIENT CONTROL NUMBER 00113962		6. STATEMENT COVERS PERIOD FROM 10/06/2016 THRU 10/20/2016		7. COV D	8. N-C D
				9. C-I D	10. L-R D
12. PATIENT NAME			13. PATIENT ADDRESS		

- **Claim Batch** – Use the drop down menu to select the batch number for the claim. If no batch exists the only option will be “NEW BATCH.” You may use the “NEW BATCH” option to begin a new batch at any time.
- **Contract** – Click [lookup](#) and select the appropriate contract that this claim is charged against
- **Box 3 - Patient Control Number** – This is the customer’s SPOT member ID and it will be automatically filled in. No entry is required here.
- **Box 6 - Statement Covers Period From/To** – The dates from the SPOT authorization will automatically fill; change date(s) as needed to reflect the actual dates for this claim. Note: the dates must fall within the authorization date range.
- **Box 17 – Admission Date** – Enter the inpatient admission date associated with this claim.
- Facility, Billing and customer demographic information will automatically be filled
- **Detail Lines** – Enter the following information in the applicable boxes. Enter a detail line for each date of service or date range of service. \*PLEASE NOTE – Only services with a day unit can be reported in date ranges. All other service units, i.e. 15-minute, hour and encounters, are reported per date or service.
  - **From/To Dates** – Enter the first date of the service in the “From” field. Enter the discharge date in the “To” field.
  - **REV CD** – SPOT will automatically enter the Revenue Code listed in the authorization. **Note: if the authorization uses the generic “Service Package / Inpatient Day” code 01X, change it to the appropriate code that is being billed, for example, 0124.**
  - **Mod** – add modifier(s) as needed
  - **HCPCS** – Not used on the UB-04 in SPOT. Professional service must be reported on a separate HCFA-1500 form.
  - **SERV UNITS** – Enter the total number of units (days) for this service line. Note: Since the discharge date is not paid, the number of units should represent the number of nights in the date range.
  - **Charges** – Enter the total charges for this service line

- **Diagnosis** – principal and code diagnoses are required fields. If a diagnosis exists in the Customer’s record, SPOT will automatically pre-fill the PRIN field. If no diagnosis exists in either field, click the **lookup** button to search for and select the diagnosis.
- **Total Prior Paid Amount (COB)** – Enter the amount owed or previously paid on this claim by 3<sup>rd</sup> party insurance, etc.
- **Co-Insurance Amount** – Enter the co-pay amount owed or previously paid by the Customer
- **Remarks** – Enter notes as needed
- Click the **SAVE** button.
- The Claim is now saved. Continue to add claims to the batch by selecting the next Customer. Once all claims for the Provider have been entered proceed to Step 2.

## How to Adjudicate Claims, Make Changes and Send a Batch of Claims for Processing

Use this link to view a list of claim batches entered. You can review the claims in each batch and send forward to request payments. Each step below builds on the previous step.

- Click the [Claim Submission \(AP\)](#) link in the Main Menu
- Click the [\(2\) – Review and Send Batch of Entered Claims to CMH for Payment](#) link to the right of the Main Menu and the following screen will display:

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000270 Regular	Chadwick Health Services, LLC CMH - regular	12/29/2016	2	7087.50 7087.50	<a href="#">View Claims in Batch</a> <a href="#">Adjudication Report</a> <a href="#">Take Over Batch</a> <a href="#">View Batch Info</a>

## How to Create an Adjudication Report

You may run a preliminary adjudication report for a batch prior to finalizing it. The adjudication report can determine whether there are any data entry errors.

- Click the [Adjudication Report](#) link to the right of the batch. The following message will appear at the top of the screen.

Your request is being processed. Once the file has been generated, you can access it by clicking on the message icon (✉) at the top of the screen.

- Click the ✉ icon in the upper left-hand corner of SPOT to retrieve the report.
- Click the link of the report. The report will open in a separate window. Review the results.



### IMPORTANT NOTE

Once you make changes to the claim you must re-run the adjudication report for the most up-to-date information



## How to View and Correct Claims in a Batch

The [Change](#) and [Delete](#) options described below are only available if you are the owner of a batch. If you do not own the batch and need to change or delete claims within a batch, see the instructions labeled “To Take Over Batch”.

- Click the [View Claims in Batch](#) link to access all claims in the batch and the following screen will display:

Claim Type	Claim #	Billing Provider	Service Provider	Consumer Account #	Service Date Range	Allowed/Paid	
HCFA-1500					10/03/2016 - 11/30/2016	5062.50 5062.50 5062.50	<a href="#">View</a>

Click here to view

- To view the details of the claim, click the [View](#) link to the right of the claim
- To correct or edit the claim, click the [Change](#) link to the right of the claim. The [Change](#) link is only available if you are the person that entered the batch. Make the necessary corrections to the claim and click the **SAVE** button to save the changes
- (authorized users only) To delete a claim from the batch, click the [Delete](#) link to the right of the claim. The claim will then display in a read-only format, click the **DELETE** button to confirm the deletion.

## How to Take Over a Batch

If you are not the owner of a batch, you cannot change or delete the claims within the batch. There may be times where it is necessary to transfer ownership of a batch.

- Click the [Take Over Batch](#) link to the right of the batch you wish to work

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/Payable	
000384 Regular	Centria Healthcare LLC (311) -	01/16/2017	1	4950.00 4770.00	<a href="#">View Claims in Batch</a> <a href="#">Adjudication Report</a> <a href="#">Take Over Batch</a> <a href="#">View Batch Info</a>

Click here to take over batch

- The batch then becomes assigned to you. You can now follow the preceding steps to modify it as needed.

## How to Submit Claims to the CMH

Once the batch is ready, i.e. all claims have been entered and all corrections have been made, send the batch to the CMH for payment.

- Click the [Submit Claims to the CMH](#) link to the right of the batch you wish to send
- To view the batch once it has been sent, click the Home tab and then click the link titled [View all Batches and Claims](#).

## How to View Payments

Follow the steps below to view checks or electronic fund transfers and view or print the remittance advice and explanation of benefits.

- Click the [Claim Submission \(AP\)](#) link in the Main Menu
- Click the [\(3\) – View Checks and Print EOB](#) link to the right of the Main Menu and the following screen will display:

Provider:   [lookup](#) [clear](#)  
 Starting Check Number:     
 Starting Check Date:

87 Checks

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Provider	Check # / EFT	Check Date	Check Amount	
Kalamazoo CMH and Substance Abuse Services	#99	01/13/2017	\$14,373.68	<a href="#">View Change</a> <a href="#">Print Remittance (Short)</a> <a href="#">Print Remittance Advice</a> <a href="#">Print EOB</a> <a href="#">View Payment Requests</a>

The checks/EFT will be displayed. You can filter the list by check number and/or check date .

### *To Print Remittance Advice (Short)*

- Click the [Print Remittance \(Short\)](#) link to the right of the check/EFT information.
- A separate window will open with a “Processing Request” message. The Remittance Advice will appear in this window.
- Click the “Print” icon to send the report to a local printer.

### *To Print Remittance Advice*

(This link will provide more payment detail than the previous link)

- Click the [Print Remittance Advice](#) link to the right of the check/EFT information.
- A separate window will open with a “Processing Request” message. The Remittance Advice will appear in this window.
- Click the “Print” icon to send the report to a local printer.

### *Partial or zero paid denied*

- Click this link to display where a partial or no payment was made

### *To Print Explanation of Benefits*

- Click the [Print EOB](#) link to the right of the check/EFT information.
- A separate window will open with a “Processing Request” message. The Remittance Advice will appear in this window.
- Click the “Print” icon to send the report to a local printer.

## **How to View all Batches and Claims**

Use this link to view all batches and claims submitted by you, the Provider, regardless of the batch status.

- Click the [Claim Submission \(AP\)](#) link in the Main Menu
- Click the [View all Batches and Claims](#) link to the right of the Main Menu
- All of the batches will be displayed. You may filter the list by batch status, dates and number.

Provider:  [lookup](#) [clear](#)

Batch Status:  All  Unsent / Data Entry  Sent to CMH for Payment  Adjudicated  
 Approved for Payment  Sent to GL / Paid

For Batch Dates: 12/17/2016 thru

Batch Number:  [SEARCH](#)

191 Claim Batch(es)

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Batch Number	Billing Provider	Batch Date	Batch Status	Claims	Total Billed/ Payable	
000381 Regular	Maxim Healthcare Services, Inc. (80) -	01/31/2017	Adjudicated - Ready	1	950.60 950.60	<a href="#">View Claims in Batch</a> <a href="#">Adjudication Report</a> <a href="#">View Batch Info</a>
000380 Regular	Maxim Healthcare Services, Inc. (80) -	01/31/2017	Adjudicated - Ready	1	950.60 516.04	<a href="#">View Claims in Batch</a> <a href="#">Adjudication Report</a> <a href="#">View Batch Info</a>

## How to Upload the EDI 837 Claims File

- Click the [Claim Submission \(AP\)](#) link in the Main Menu
- Click the [View and Upload EDI 837 Claims Files](#) link to the right of the Main Menu. The following screen will open and staff will need to select “here” to proceed to the next steps.

Provider:  [lookup](#) [clear](#)

File Type: EDI 837 Claims File

File ID:  [SEARCH](#)

[Click here to upload a new EDI 837 Claims File](#)

- Step 1 - Click on the “Browse” button to select the file you wish to upload. Click the “Upload” button to begin

**Upload EDI**

**STEP 1 - Select the file to upload**

I. Select a file to upload from your local PC by clicking “Browse”.  
Files to be uploaded cannot exceed 30MB. Try compressing (ZIP) large files.

II. Click “Upload” to begin uploading the file you’ve selected. This may take several minutes depending on the file size.

- Step 2 - Provide a file description in the textbox (above)

**STEP 2 - File Information**

To identify the file that you are uploading, please complete the following information.

File Type  
EDI 837 Claims File

File Description/Notes

- Step 3 – Type in your password (below) and click the button “Finalize Upload.” The upload is complete.

**STEP 3 - Authentication**

For authentication purposes, type in your *IRIS* password and click Finalize Upload.

Password:

After uploading batches, Click on [View Uploaded 837 Files](#) on the [Claims Submission \(AP\)](#) menu to see the results of the uploads. The following screen will appear:

Provider:  [lookup](#) [clear](#) [SEARCH](#)

File Type: EDI 837 Claims File

File ID:

[Click here to upload a new EDI 837 Claims File](#)

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File ID	Provider	Notes	Date/Time Submitted	Status	
14	GT Financial Services LLC		11/15/2016 11:35 AM	File Rejected	<a href="#">Delete Report</a> <a href="#">Download 837 Error Report</a> <a href="#">Download Uploaded 837 Claims File</a>

If errors exist, click [Download 837 Error Report](#) to view the details of the errors. Correct the errors in your system recreate the 837 file and upload it to SPOT again.

Once the file is accepted, follow the guide above “How to Adjudicate Claims, Make Changes and Send a Batch of Claims for Processing” using Claim Submission option [\(2\)-Send Batch of Claims for Processing](#)

## How to Access a Batch which has been Returned to the Provider

As a practice, please always re-visit Step 2 after submitting batches to CMH. In this manner, you can check whether any claims have been reviewed by CMH and returned to you for any reason.

If you submitted a batch of claims which subsequently was returned to you by CMH, you -the sender- will receive an email alert. Additionally, a link [View Comments](#) will appear in the SPOT list screen alongside the claim (details below).

To access the batch and learn the reason(s) it was returned to you, follow these steps:

- Click on the [Claim Submission \(AP\)](#) link in the main menu
- Click on the [\(2\) Review and Send Batch of Entered Claims to CMH for Payment](#) link and the following screen will appear:

000223 Regular	GT Financial Services LLC (156) - <input type="text"/>	01/12/2017	56	15150.45 15074.81	<a href="#">View Claims in Batch</a> <a href="#">View Comments</a> <a href="#">Adjudication Report</a> <a href="#">Take Over Batch</a> <a href="#">View Batch Info</a> <a href="#">Delete Batch</a>
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- Click on the link [View Comments](#) above and the following screen will appear:

Date & Time	Returned By	Returned To	Comments
01/12/2017 10:37:12 AM	<input type="text"/>	<input type="text"/>	Batch number 000223 has been returned for the following reason(s): Check line 39888, there are not enough units for this claim line
12/22/2016 11:33:24 AM	<input type="text"/>	<input type="text"/>	Batch number 000223 has been returned for the following reason(s): See email from Kristen

- As needed, modify your claim(s), adjudicate and re-submit