PointClickCare[®]

Reference Guide: Billing with Separate Disciplines

Overview

Use this procedure if you have a payer that may require claims to be billed separately by discipline. Complete all steps of the guide in order to properly create the claims.

Procedure

Payer Setup

1. Select Administration \rightarrow Financial \rightarrow Payers.

Administration -			
Admin Setup Agencies Branches Case Type Dashboard Document Setup Lists Mobile Referral Sources Templates	Care Delivery Clinical Settings Certifications Disciplines Interventions & Goals Order Pick List Physicians Requirements Residence Types Services Specialties Supplies Vital Sign Thresholds	Financial Adjustment Types Employers GL Codes GL Segments Holidays Misc. Cash Types Payers Payroll Codes Shifts	Organization Admin Clinical Patient Batch Import Status Health Jobs Vendor Integration Billing Trading Partners Eligibility Verification Email EVV Systems Forcura
			OASIS Scrubber

- 2. Click Add Payer. The Add Payer dialog will appear.
- 3. On the **General Tab** Ensure the Enabled box is **checked**, **name** the Payer, and **Add** the address in the required fields.

Enabled	✓			
Name*				
Print Address On CMS 1500				
Address*				
Address 2 is not required				
Phone 1		Phone 2		
Fax		ICD 10	10/01/2015	
		Effective		
		Date		

- 4. On the Billing Tab, **add** the information into the required fields.
 - Billing Frequency
 - Electronic Payer ID (Clearinghouse Payer ID)
 - Bundle Charges
 - Electronic Eligibility ID (Dorado/Esolutions Payer ID)
 - Billing Trading Partner

Edit Payer		×
General Billing EVV		
Billing Frequency*	BIWEEKLY	*
Electronic Payer ID	00720	
Bundle Charges*	NO BUNDLING	~
Electronic Eligibility ID	100040	
Use Default Billing Trading Partner		
Billing Trading Partner	Ability - Direct	~
		Accept Cancel

5. Click Accept.

Plan Setup

Add a plan for each discipline for which you need to bill for the payer.

For each discipline:

1. Chose the new Payer from the Payer pick list, select **Manage Plans**. The Plan dialog will appear.

		▲ Name	♦ Address
Edit Manage Rates N	Manage Plans	Blue Cross Blue Shield	PO Box 64338, St. Paul, MN 55164

- 2. Click Add a Plan. The Add Plan dialog appears.
- 3. **Complete** required fields for the General Tab.

Add Plan						
General	Billing Configuration	Clinical Configuration	Physician Certification	F2F Encoun	ter Statement	EVV
Enabled	1					
Name *						
Use Payer Address Address * Address 2 is not required						
		Address 1				
		Address 2	Address 2			
		City		State	Zip	

- 4. On the Billing tab, **enter** the following:
 - Type
 - GL Payer Plan Component (use generic label if there is none)
 - Bundle Charges
 - Default Form Type
 - Electronic Eligibility ID (Dorado/Esolutions Payer ID)
 - Professional Epayer ID (Clearinghouse Payer ID)
 - Institutional Epayer ID (Clearinghouse Payer ID)
 - Billing Frequency
 - Reimbursement Type
 - Use Payer Billing Trading Partner
 - Billing Requirements

Edit Plan						
General	Billing Configuration	Clinical Configuration	Physician Certification	F2F Encounter Statement	EVV	
Type *						
, ypc			Medicare (HMO/mana	iged care/Advantage plan)	~	
GL Paye	er Plan Component *		BCBS-MC			
Bundle	Charges *		SERVICE DATE LEVE	EL BUNDLING	~	
Default I	Form Type *		INSTITUTIONAL		~	
Electron	ic Eligibility ID					
Professi	onal Epayer ID					
Institutio	onal Epayer ID		00720			
Billing F	requency *		EPISODIC - 60		~	
Reimbu	rsement Type *		PDGM		~	
Medicar	e Reimbursement Perc	entage * 0	80.00			E
Medicar	e Reimbursement Perc	entage Effective Date *	01/01/2020			
Use Pay	ver Billing Trading Partn	er	Ability - Direct			
Billing R	equirements		Automatically Creat Automatically Creat	Preliminary	~	
			Co-Pav			
			Preauthorization			
			Service Description			
			Completed Authoriz	RAP/Final/LUPA	~	
			No-Pay RAP			
			NOA Required 1	01/06/2022		

- 5. On the Clinical tab, **select** the configuration rules that apply to the plan.
- 6. Click Accept.

Rate Setup

1. For each Discipline (Plan), click Manage Rates.

Plans: Veterans Administration Back Add a Plan

	▲ Plan	≑ Type	♦ Payer GL Number
Edit Copy Manage Rates	ННА	Other government (e.g., TriCare, VA, etc.)	VA
Edit Copy Manage Rates	HMKR	Other government (e.g., TriCare, VA, etc.)	VA
Edit Copy Manage Rates	РТ	Other government (e.g., TriCare, VA, etc.)	VA
Edit Copy Manage Rates	RN	Other government (e.g., TriCare, VA, etc.)	VA

2. Select Add Rate from the Service Rates page. The Service Rates add dialog appears.

Service Rates - Edit									×
Branch	Select Branch		~						
Effective Date*	01/01/2019			Expiration D	ate	MM/DD/Y	YYY		
Service	Select Service		~	Discipline*		HHA		~	
Rate Type*	HOURLY		~	Taxonomy C	ode				
Unit Calculation Type*	TIME - MINIMUM ALL UN	IIT	~	Unit Scale* 🤅		0			
Form Type	Select Form Type		~	EVV Service	0				
Rate Add Delete									
Rate Order Rev Code*	Procedure Code	Bill Rate*	Reimburse Rate*	Unit Min*	Unit Size*	Rate End	1st Modifier	2nd Modifier	3rd Modifier
1 0571	G0156	19.50	7.50	0	15				*

Accept Cancel

- 3. Enter all required information.
- 4. Click Accept.
- 5. **Continue** adding rates for all required discipline (plans).

Patient Payer Setup

You will need to add a plan for each discipline for which you need to bill.

- 1. From the Clients Financial record, **select** the Payers tab.
- 2. Click Add, The Add Patient Plan dialog appears.

an Condition Codes Value Codes Occurrence Code Span Codes Payer* Veterans Administration Plan* Select Plan HHA HMKR PT RN Coverage Select Plan HMKR PT RN Select Relationship Sele	ld Patient Plai	n							
Payer* Veterans Administration Plan* Select Plan Member ID* Group HHA Medicare Plan* Select Plan Part D Pr Pr Coverage Coverage End Date Plan Priority* Select Relationship* Subscriber First Middle (Optional) Name* Address* City User Defined User Defined User Defined 1 2 3	an Condition	Codes	Value Codes	Occu	rence Code S	pan Code	s		
Payer* Veterans Administration Plan* Select Plan Member ID* Group HHA Medicare Number HHA Part D Number PT Coverage Coverage End Date Plan Priority* Select * Relationship* Subscriber First Middle (Optional) Name* City State Quer Defined Quer Defined Quer Defined 1 2 3									
Member ID* Group HHA Number Select Plan HHA PT Number Medicare Part D Number Coverage Start Date* Coverage End Date Plan Priority* Select V Select V Relationship* Subscriber Name* First Address* City City State Zip User Defined 2	Payer*	Vetera	ns Administration	~	Plan*	Select	Plan		~
Medicare Part D Coverage Coverage End Date Plan Priority* Select V Relationship* Select Relationship V Subscriber Name* Address* City User Defined User Defined 2 3	Member ID*				Group Number	Select HHA HMKR	Plan		
Part D Coverage Start Date* Plan Priority* Select Name* Address* City User Defined 1 2	Medicare					RN			
Coverage End Date Plan Priority* Select Subscriber First Name* Address* City State User Defined User Defined 1 2	Part D				Causara				
Value Select Relationship* Select Relationship Subscriber Name* First Middle (Optional) Last Address* Cdy State Zip User Defined User Defined User Defined 1	Start Date*				End Date				
Subscriber Name* First Middle (Optional) Last Address*	Plan Priority*	Select		~	Relationship*	Select	Relations	hip	~
Address* City State Zip User Defined User Defined 2 3	Subscriber Name*	First			Middle (Optional		Last		
City State Zip User Defined User Defined User Defined 1 2 3	Address*								
User Defined User Defined User Defined 1 2 3		City				State		Zip	,
	User Defined 1		User D 2)efined		User De 3	fined		
Statement Messsage	Statement Mess	ssage							

3. **Complete** all required information in all tabs.

Authorization Setup by Plan

1. From the Financial Record Authorizations tab, click **Add**. An authorization form appears.

Client Detai	Is Financial Record Medications Va	accinations Vital Signs Advance Care Planning	Case Details Schedule Do	cuments				
Payers Au								
Authorizati	ons Add						Show Inactive	(a,
	- Dates	Authorization Number	Status	Payer : Plan	Services	Notes	Follow Up Date	Active
Edit	08/17/2021 - 08/31/2021	Test 2	Complete	Veterans Administration : HHA	HHA - 10.00 Hours (FFS)			*
Edit	08/17/2021 - 08/31/2021	test 4	Complete	Veterans Administration : PT	PT - 10.00 Hours (FFS)			✓
Edit	08/01/2021 - 08/16/2021	test 3	Complete	Veterans Administration : PT	PT - 10.00 Hours (FFS)			*
Edit	08/01/2021 - 08/16/2021	Test 1	Complete	Veterans Administration : HHA	HHA - 10.00 Hours (FFS)			✓

2. **Fill out** all required fields. In the Patient Plan field, be sure to click to select the correct discipline for the plan.

Flord Dote1		Fiel Date:			
Start Date"	08/17/2021	End Date*	08/31/2021		
Active		Verbal Auth.			
Inactive Date		Verbal Auth. Date			
Status	Complete	Verbal Auth. From			
Authorization Number*	Test 2	Patient Plan*	HHA - Veterans Administration (01/	91/2019-) 🗸	
Follow Up Date					
Services Add Move Appointments					
					Q,
 Service 			▲ Dates	 Utilization 	Note
				Scheduled : 2.00 Hours	
Shift Edit Delete FFS - HHA - HOU	JRLY TOTAL HOURLY(s) @ 10.0 / PERIOD		08/17/2021 - 08/31/2021	Verified : 2.00 Hours	
				Remaining : 8.00 Hours	

3. Once you have completed the authorization and completed all services, click **Accept**. The following is an example of how the screen appears when all authorizations are setup.

Adding Appointments

When adding an appointment, simply select the correct discipline authorization from the authorization field to ensure the proper setup of the claim.

lit Appointment					
ervice Employees	Payroll Timecard Info Mileage	e Cha	arting		
Status*	Reviewed	~	Case Record*	FFS - Open	~
Start Date and Time*	01/14/2021 08:00AM		End Date and Time*	01/14/2021	09:00AM
Discipline*	RN	~	Service*	ROUTINE	~
Authorization*	Veterans Administration - RN (07/1/2020	-0 🗸	FFS - RN - HOURLY [Tot 0.0]	al: 200.0 Hours,	Freq.: 200.0 PERIOD, PRN:
Order	Select Authorization Veterans Administration - RN (07/1/2020	- 07/1/202	21 P) ACT		
Payroll Type*	Blue Cross Blue Shield - Commercial (07 VISIT	×/1/2020 -	07/1/2021, S) ACT FFS - RN - HOURI	.Y [Total: 200.0 Ho	urs, Freq.: 200.0 PERIOD, PRN:

The process is now complete. The appointments will now generate a claim of services by discipline as shown below.

Payers Authorizations Claims Credits Service Rates											
Claims											Add New Claim
Payers	* Plans	Claim Status	Claim Type	✓ Start Date End	Date					Search	×
									Total Bille	ed Amt: \$9,938.00	Total Reimb Bal: \$2,530.00
Claim - Invoice		\$ Status	Claim State	Payer - Plan	Claim Type	e 💠 Claim Dates	Billed Amt	Reimb Bal	Form Type	Follow Up	Actions
	00000000869 - 00000000968	Outstanding	✓ Rules Met	Veterans Administration - PT	FFS - FFS	08/19/2021 - 08/31/2021	\$928.00	\$544.00	Institutional		Charges More 🗸
	00000000868 - 00000000969	Outstanding	✓ Rules Met	Veterans Administration - PT	FFS - FFS	08/04/2021 - 08/16/2021	\$1,392.00	\$816.00	Institutional		Charges More 🗸
	00000000866 - 00000000964	New	✓ Rules Met	Veterans Administration - HHA	FFS - FFS	08/17/2021 - 08/31/2021	\$156.00	\$60.00	Institutional		Charges More 🗸
	00000000865 - 00000000963	New	 Rules Met 	Veterans Administration - HHA	FFS - FFS	08/01/2021 - 08/16/2021	\$546.00	\$210.00	Institutional		Charges More 🗸