

## Reference Guide: Invoice Billing

### Billing

**Billing** Download Claims

Add New Claim

Quick Filter Sets

Payers Plans Branches Claim Status Claim Type Start Date End Date

Reset All Filters

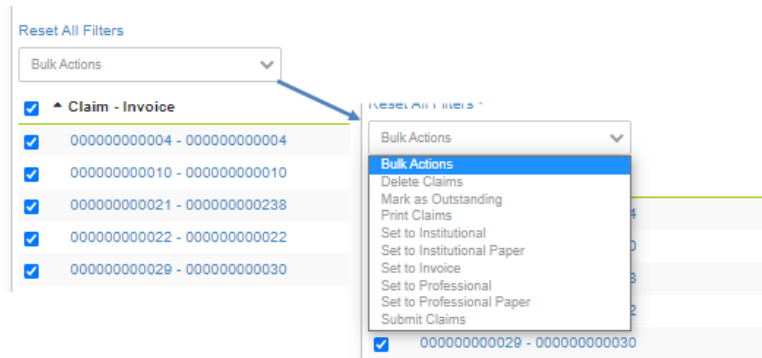
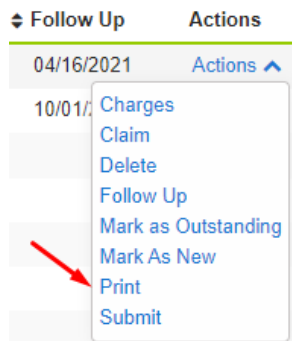
Total Billed Amt: \$249,656.56 Total Reimb Bal: \$263,775.71

Claim - Invoice	Patient Name	Payer - Plan	Claim Type	Claim Dates	Billed	Reimb Bal	Form Type	Status	Claim State	Follow Up	Actions
<input type="checkbox"/>	Galvin, John	Private Pay	FFS - FFS	03/03/2020 - 03/03/2020	\$0.00	\$0.00	Institutional	New	Rules Met	02/10/2021	Actions
<input type="checkbox"/>	Foster, Debbie	CGS - Medicare - PDGM	Final - PDGM1	03/18/2020 - 03/31/2020	\$1,735.00	\$2,039.00	Institutional	Outstanding	Rules Met	01/14/2021	Actions
<input type="checkbox"/>	Pars, Joe	MN Medicaid UMPI - MN Medicaid UMPI	FFS - FFS	02/03/2020 - 02/29/2020	\$328.00	\$328.00	Professional	New	Rules Met		Actions
<input type="checkbox"/>	Pars, Joe	MN Medicaid UMPI - MN Medicaid UMPI	FFS - FFS	03/02/2020 - 03/31/2020	\$378.00	\$378.00	Professional	New	Rules Met		Actions
<input type="checkbox"/>	Edwards, Andrea	CGS - Medicare - PDGM	RAP - PDGM1	04/19/2020 - 04/19/2020	\$0.00	\$2,039.00	Institutional	Outstanding	Rules Met	02/02/2021	Actions
<input type="checkbox"/>	Edwards, Andrea	CGS - Medicare - PDGM	Final - PDGM1	04/19/2020 - 05/14/2020	\$1,755.01	\$2,039.00	Institutional	Outstanding	Rules Met		Actions
<input type="checkbox"/>	Patro, Edith	Self Pay - Self Pay	FFS - FFS	05/04/2020 - 05/04/2020	\$20.00	\$20.00	Invoice	New	Rules Not Met		Actions
<input type="checkbox"/>	Gottlander, Rachel	CGS - Medicare - PDGM	RAP - PDGM1	05/12/2020 - 05/12/2020	\$0.00	\$2,039.00	Institutional	Outstanding	Rules Met		Actions
<input type="checkbox"/>	Gottlander, Rachel	CGS - Medicare - PDGM	Final - PDGM1	05/12/2020 - 05/10/2020	\$2,360.01	\$2,039.00	Institutional	Outstanding	Rules Met		Actions
<input type="checkbox"/>	Ford, Henry	Progressive Auto Insurance - Progressive-Commercial	FFS - FFS	05/10/2020 - 05/23/2020	\$550.00	\$370.00	Institutional	New	Rules Met		Actions
<input type="checkbox"/>	Cantrill, Camie	CGS - Medicare - PDGM	Final - PDGM1	05/16/2020 - 05/22/2020	\$200.01	\$282.14	Institutional	Outstanding	Rules Met		Actions

### 1. Select **Billing Queue**

**Tip:** Filters are available to see Claims for an individual payer, plan, branch, Claim status, Claim type, as well as start and end dates.

### 2. From the Billing queue, you can choose the singular action to the right, **Actions**→**Print** or the Bulk Actions by selecting the box to the left of the Claim and select **Bulk Actions**→**Print Claims**.



**Tip:** If you need to edit the Claim/Invoice, click the *blue* Claim-Invoice link. Click **Edit Claim** to open editable fields. Click **Accept** when changes are complete and follow the steps to print.

**Review Claim**

Edit Claim

Claim Number: 000000000008 Invoice Number: 000000000919

Case Record: Homebased (00000004 - Open) Certification Period: Select

Payer - Plan: Self Pay - Self Pay (05/01/2008 - ) Status: New

Form Type: Invoice Claim Type: FFS

Claim Start Date: 01/29/2016 Claim End Date: 03/24/2021

Reimbursement Amount: 1582.58 Billed Amount: 2022.58

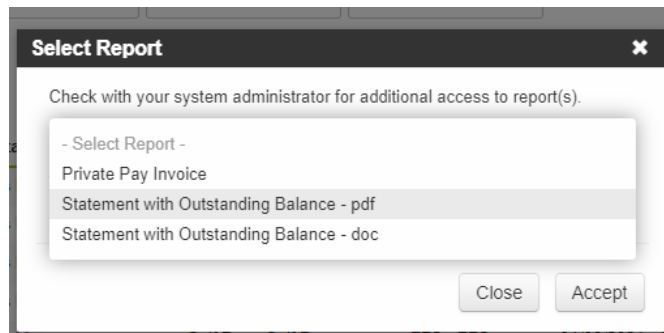
Amount Paid: 375.00 Reimbursement Remaining: 852.58

UTN: Submission Date: Export ID:

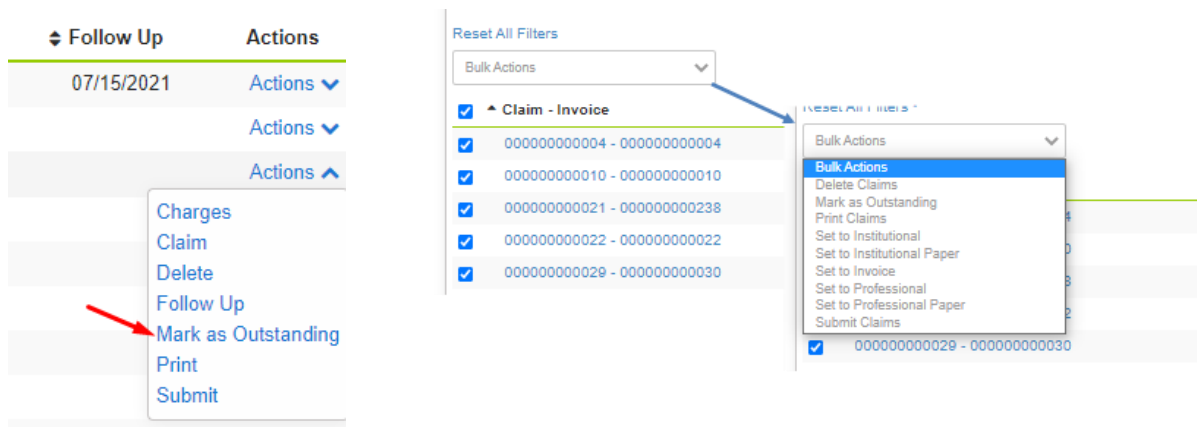
Taxonomy Code: 251E000000 Payer ICD:

Close Accept

3. Select either Statement with Outstanding Balance – pdf or Statement with Outstanding Balance- doc (if you need to edit anything on the Invoice) and select **Accept**. We no longer use “Private Pay Invoice”.



4. Review the Invoice to confirm all populated fields are accurate and **Print** from the document so that the Invoice can be mailed.
5. Once the Invoice has been printed you can choose the singular action to the right of the Claim, **Actions**→**Mark as Outstanding** or the Bulk Actions by selecting the box to the left of the Claim and select **Bulk Actions**→**Mark as Outstanding**. This action confirms the item has been billed and will move the Claim from a *New Status* to an *Outstanding Status*.



**Tip:** We do not use the “Submit” function with Invoices. This would leave the Claim in a Pending/Awaiting Export Status awaiting EDI creation. Invoices do not create EDI files.

## Monitor the following Reports and Dashboard tiles

### Dashboards

Preliminary Authorizations	Check Weekly
Pending Authorizations	Check Weekly
Patient Unreviewed Appointments	Check Daily

### Reports

- Patient Unreviewed Appointments Report
- FFS Revenue and AR Detail Report

**Tip:** By managing your Dashboards and Reports you will be able to ensure all Appointments have been accurately recorded on your Invoice.

## Add Charges to a Claim

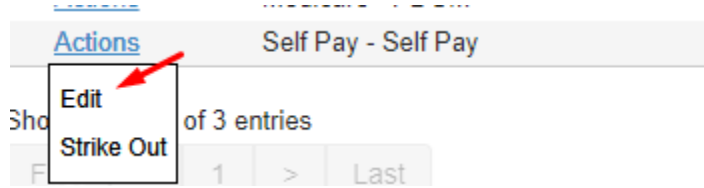
1. Locate the claim in the Billing Queue, select **Actions**→**Charges**, then from the invoice view select **Add Charge**.
2. In the **Add Charge** pop-up, add the Date of Service Start/Time, Date of Service End/Time, Revenue Code, Units, Rate, and Reimbursement Rate. Click the **Misc** tab to add a Description (optional) and select **Accept**.

The screenshot shows the 'Add Charge' window with the 'Misc' tab selected. The 'Description' field is highlighted with a blue border. Other fields include Branch GL Number, Plan GL Number (MDCR), Visit GL Number (0), and a large empty text area for the description. 'Accept' and 'Cancel' buttons are at the bottom right.

The screenshot shows the 'Add Charge' window with the 'General' tab selected. The 'Reimbursement Amount' field is highlighted with a blue border. Fields include Date of Service Start (10/01/2020 09:00AM), Date of Service End (10/01/2020 09:01AM), Revenue Code (0270), Units (1), Rate (5.00), and Reimbursement Amount (5.00). 'Accept' and 'Cancel' buttons are at the bottom right.

## Adding a Statement Message

1. To add a patient specific statement message, on the Client **Financial Record** → **Payers** tab, select **Actions** → **Edit** to the left of the payer.



2. Enter the Statement Message you would like to appear on the Invoice. Any Statement Message populated in this field will apply to **all** Invoices for this patient.

A screenshot of the 'Edit Patient Plan' dialog box. The dialog has a dark header with 'Edit Patient Plan' and a close button. Below the header are tabs for 'Plan', 'Condition Codes', 'Value Codes', 'Occurrence Code', and 'Span Codes'. The 'Plan' tab is active. The form contains several fields: 'Payer\*' (Self Pay), 'Plan\*' (Self Pay), 'Member ID', 'Group Number', 'Medicare Part D' (checkbox), 'Coverage Start Date\*' (08/01/2008), 'Coverage End Date', 'Plan Priority\*' (Primary), 'Relationship\*' (Self), 'Subscriber Name\*' (First, Middle (Optional), Last), 'Address\*' (City, State, Zip), and 'User Defined' (1, 2, 3). A 'Statement Message' field is highlighted with a blue border and contains the text: 'Thank you for your last payment. New coinsurance balance present on this invoice.' At the bottom right are 'Accept' and 'Cancel' buttons.

**Note:** If you would like an Agency specific message to apply on **all Invoices** for **all patients**, your PointClickCare representative can set the following customizations.

A screenshot of the Agency customizations form. It has two sections: 'Payment Due Date' and 'Statement Message'. Under 'Payment Due Date', there are two radio buttons: 'Upon Receipt' and 'Number of days'. The 'Number of days' option is selected, and a dropdown menu shows '30'. Under 'Statement Message', there is a text area containing the text: 'please pay with credit card.' Below the text area, there is a blue line of text that is partially cut off: 'Automatically add codes C1 and C2 to status'.