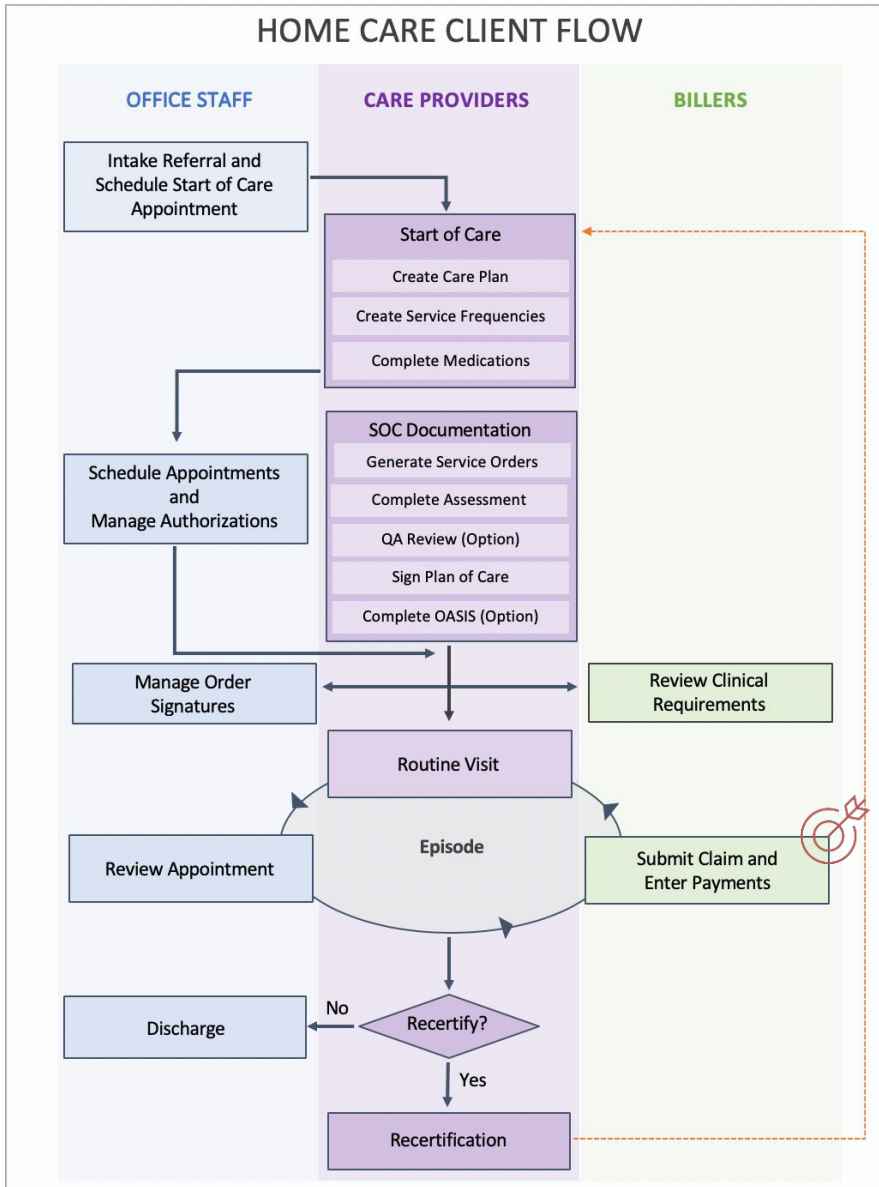


## Session Guide: Managing Claims

**After this session, billers will be able to:**

- Understand pre-billing best practices
- Manage the Billing Queue
- Add supplies/items to claims
- Download Claims Export (837 file)
- Manage/Monitor claims after submission

## Billing in the Home Care Flow



### You oversee billing. How do you fit into the agency's workflow?

You or the clinical staff monitor the Claims Console to make sure all clinical requirements are met.

When appointments are reviewed, and you are ready to bill a claim, you go to Agency > Billing Queue. You select Actions > Submit Claims.

### For Self-Pay Clients

For self-pay clients, you go to Actions > Mark Outstanding. This will mark your claims as Outstanding.

### For All Other Payers

For all other Payers (except Self-Pay), your claim will be marked as Pending claims until the job server picks it up; this can take up to thirty minutes.

When the server picks up the claim, it creates a download claims file, where it will stay until the payment has been applied in full. You consider any claims in Outstanding as your aging.

You select the Download Claims Files tab, where you can download the 837 file and upload it to your clearing house or web portal.

## Monitor the following Reports and Dashboard tiles

### Dashboards

|   |                           |
|---|---------------------------|
| Preliminary Authorizations                        | Check Weekly              |
| Pending Authorizations                            | Check Weekly              |
| Ending Authorizations                             | Check Weekly              |
| Unauthorized Appointments                         | Check Weekly              |
| Outstanding Eligibility Verification Transactions | Check Weekly              |
| Patient Unreviewed Appointments                   | Check Daily               |
| Held EVV Appointments                             | Check Daily               |
| Unsubmitted NOA                                   | Check Daily               |
| No Pay Raps                                       | Check Daily if applicable |
| Past due follow up                                | Check weekly              |

### Reports

|  |  |
|--|--|
| Patient Unreviewed Appointments Report | Shows patient appointments that have the status of 'Open' or 'Held'.   |
| Certification Tracking Report          | Shows the latest cert period for which there is a plan of care and the number of days before the certification period ends.                      |
| Claim Information Report               | Shows some basic information about claims.   |
| Billed Claim Detail Aging Report       | Displays Billed claims with an outstanding balance.  |
| NOA Tracking Report                    | Displays NOA details for cases requiring an NOA.   |
| AR Aging                               | Provides a listing of all patients with an outstanding AR balance, billed and unbilled, aged, based on date service was provided or billed date. |
| Claim Follow Up Productivity Report    | Displays saved claim follow up notes.  |

## Pre-Billing Best Practices

- Download the clients Eligibility Verification report at intake and each month to ensure the correct payer is on file.
- Run the Unreviewed Appointment Report weekly.
  - Follow up with appropriate teams on Held/Open appointments. Run the report by billing frequency to capture all visits.
- Review the Preliminary and Pending Authorizations dashboard tile weekly.
  - Follow up on any authorizations in a Preliminary or Pending status.
- Run the Certification Tracking XLS
  - Run 60 day prior and 60 days out to track and No Pay Raps or NOAs that did not get generated.
- Check that the claim has met both the rules under ***claim state*** and dates under ***claim dates*** in the Billing Queue.
- Check the print view of the claim to ensure it has all the applicable fields accurately represented prior to submission.
- Monitor your claims periodically after submission until payment is received in full.

## Managing Claims

Navigate to Billing Queue. Go to Agency tab → **select** Billing Queue

**Billing** View Legacy Billing Page

Download Claims Add New Claim

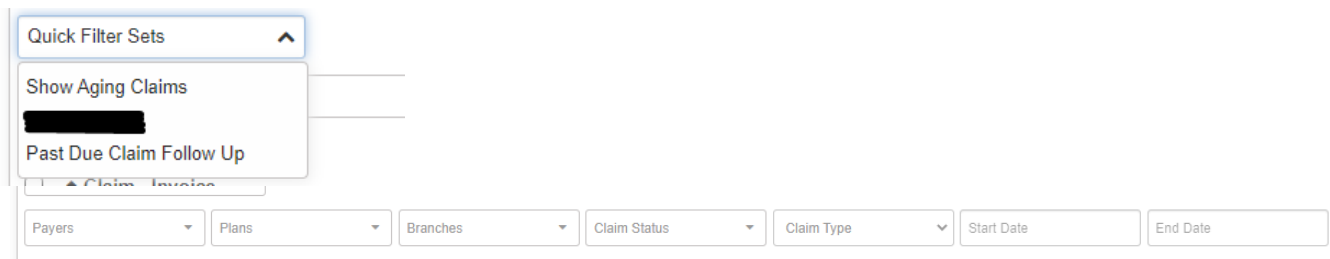
Quick Filter Sets

Payers Plans Branches Claim Status Claim State Claim Type Start Date End Date Search

Total Billed Amt: \$209,825.79 Total Reimb Bal: \$268,293.50

| Claim - Invoice                                      | Patient Name     | Status      | Claim State         | Payer - Plan                        | Claim Type    | Claim Dates             | Billed Amt | Reimb Bal   | Form Type     | Follow Up  | Actions |
|--|------------------|-------------|---------------------|-------------------------------------|---------------|-------------------------|------------|-------------|---------------|------------|---------|
| <input type="checkbox"/> 000000000010 - 000000001189 | Foster, Debbie   | New         | Rules Met           | CGS - Medicare - PDGM               | Final - PDGM1 | 03/18/2020 - 03/31/2020 | \$1,735.01 | \$1,887.87  | Institutional | 01/03/2023 | Actions |
| <input type="checkbox"/> 000000000021 - 000000000238 | Pers, Joe        | Outstanding | Submitted           | MN Medicaid UMPI - MN Medicaid UMPI | FFS - FFS     | 02/03/2020 - 03/14/2022 | \$337.00   | \$337.00    | Professional  | 03/09/2021 | Actions |
| <input type="checkbox"/> 000000000022 - 000000000970 | Pers, Joe        | Rejected    | Billing Trading ... | Self Pay - Self Pay                 | FFS - FFS     | 03/02/2020 - 08/01/2021 | \$386.00   | \$386.00    | Institutional | 04/12/2022 | Actions |
| <input type="checkbox"/> 000000000029 - 000000000992 | Edwards, Andrea  | Outstanding | Submitted           | CGS - Medicare - PDGM               | RAP - PDGM1   | 04/15/2020 - 04/15/2020 | \$0.00     | -\$3,036.66 | Institutional | 02/02/2021 | Actions |
| <input type="checkbox"/> 000000000030 - 000000000031 | Edwards, Andrea  | Outstanding | Submitted           | CGS - Medicare - PDGM               | Final - PDGM1 | 04/15/2020 - 05/14/2020 | \$1,755.01 | \$536.66    | Institutional | 06/01/2022 | Actions |
| <input type="checkbox"/> 000000000031 - 000000000032 | Patric, Edith    | Rejected    |                     | Self Pay - Self Pay                 | FFS - FFS     | 05/04/2020 - 05/04/2020 | \$20.00    | \$20.00     | Invoice       |            | Actions |
| <input type="checkbox"/> 000000000034 - 000000000036 | Gollaher, Rachel | Outstanding | Submitted           | CGS - Medicare - PDGM               | RAP - PDGM1   | 05/12/2020 - 05/12/2020 | \$0.00     | -\$2,036.66 | Institutional | 08/03/2022 | Actions |

### Quick filters:



**Tip:** Filters are available to see claims for an individual payer, plan, branch, claim status, claim type, as well as start and end dates. Be aware of the Payer’s billing cycle. For example, a payer may bill monthly or bimonthly. Paid claims are not visible in the Billing Queue as they are not expected to be actionable claims.

**Show Aging Claims** - This allows you to set an aging range of 30-day AR periods to review aged claim by buckets. This will display only claims that have been submitted in an Outstanding status within the range parameter selected.

**Past Due Follow Up** – This allows you to display any claims in an outstanding status without a follow up note, or with a follow up that is past due for an updated note on claim.

## Claim Actions

For actions on a singular claim, you can utilize the **Actions** menu, to the right side of the claim line.

**Tip:** The ability to add follow up notes on claims after they are submitted, improves claims and AR management. See **Reference Guide: Claim Follow Up Notes** for workflow process.

| Billed A... | Reimb Bal | Form Type     | Follow Up | Actions   |
|-------------|-----------|---------------|-----------|---|
| \$292.25    | \$0.00    | Institutional |           | Actions ^   |
| \$900.13    | \$0.00    | Institutional |           | <ul style="list-style-type: none"> <li>Charges</li> <li>Claim</li> <li>Delete</li> <li>Follow Up</li> <li>Mark As New</li> <li>Print</li> </ul> |
| \$2,327.61  | -\$854.04 | Institutional |           |   |
| \$1,022.95  | \$922.94  | Invoice       |           |   |

For actions on multiple claims, you can utilize the **Bulk Actions** menu. This filter will display on the top left side of the claim lines once a claim is selected.

Reset All Filters

Bulk Actions

Claim - Invoice

|                                     |                              |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | 000000000004 - 000000000004  |
| <input checked="" type="checkbox"/> | 000000000010 - 000000000010  |
| <input checked="" type="checkbox"/> | 000000000021 - 0000000000238 |
| <input checked="" type="checkbox"/> | 000000000022 - 000000000022  |
| <input checked="" type="checkbox"/> | 000000000029 - 000000000030  |

Bulk Actions

- Bulk Actions
- Delete Claims
- Mark as Outstanding
- Print Claims
- Set to Institutional
- Set to Institutional Paper
- Set to Invoice
- Set to Professional
- Set to Professional Paper
- Submit Claims

000000000029 - 000000000030

## Adding supplies to a claim

You can add supplies to a claim at any time.

### Add Supplies - Episodic Claim Procedure

For Episodic claims in a New status, you can enter supplies directly from the Billing Queue.

1. From the Billing Queue, click **Actions** for the claim.
2. Select **Add Supplies**.

The image shows two parts of the software interface. On the left, a dropdown menu titled 'Actions' is open, with 'Add Supplies' highlighted by a red rectangle. Other options include 'Delete', 'Follow Up', 'Mark as Outstanding', 'Print', and 'Submit'. On the right, a dialog box titled 'Add Supplies Charges for Claim 00000000177' is displayed. It contains two sections: '0623 Wound Supplies Total: \$' and '0270 Surgical Supplies Total: \$', each with an input field. To the right of each section is a 'Date' field with a 'MM/DD/YYYY' placeholder. At the bottom right of the dialog are 'Close' and 'Accept' buttons.

3. Enter the charge totals for wound and surgical supplies and the date of the charges.
4. Click **Accept**.

### Add Supplies - FFS Claim Procedure

1. Once the bill has generated and is in the Billing Queue, click on Patient Name add the charge by clicking **View > Charges > Add Charge**.
2. On the **Add Charge** tab, add the date, time, revenue code, unit, rate, reimbursement rate, and click the **Misc.** tab to add a description (optional) or click **Accept**.

The image shows two screenshots of the 'Add Charge' dialog box. The left screenshot shows the 'General' tab with various input fields: 'Date of Service Start' (10/01/2020 00:00AM), 'Date of Service End' (10/01/2020 00:01AM), 'Revenue Code' (0270), 'HCPCS Code', 'Modifier 1-4', 'Units\*' (1), 'Rate\*' (5.00), 'Reimbursement Rate' (5.00), 'Contractual Allowance\*' (0), 'Discipline' (Please Select), and 'Service' (Please Select). There are 'Accept' and 'Cancel' buttons at the bottom. The right screenshot shows the 'Misc' tab with 'Branch GL Number', 'Visit GL Number' (0), 'Plan GL Number' (MDCR), and a large 'Description' text area. It also has 'Accept' and 'Cancel' buttons at the bottom.

## Submitting Claims

- From the Billing queue, review the claims that look ready to submit.

| Claim - Invoice             | Patient Name     | Status | Claim State | Payer - Plan          | Claim Type    | Claim Dates             | Bi |
|-----------------------------|------------------|--------|-------------|-----------------------|---------------|-------------------------|----|
| 00000000010 - 00000001189   | Foster, Debbie   | New    | ✓ Rules Met | CGS - Medicare - PDGM | Final - PDGM1 | 03/18/2020 - 03/31/2020 |    |
| 00000000119 - 00000000123   | Armstrong, Doris | New    | ✓ Rules Met | Self Pay - Self Pay   | FFS - FFS     | 07/01/2020 - 07/31/2020 |    |
| 000000000365 - 000000000379 | Armstrong, Doris | New    | ✓ Rules Met | Self Pay - Self Pay   | FFS - FFS     | 09/01/2020 - 09/30/2020 |    |
| 000000000412 - 000000000428 | Armstrong, Doris | New    | ✓ Rules Met | Self Pay - Self Pay   | FFS - FFS     | 11/01/2020 - 11/30/2020 |    |
| 000000000421 - 000000000437 | Coston, Laura    | New    | ✓ Rules Met | Self Pay - Self Pay   | FFS - FFS     | 08/01/2020 - 08/31/2020 |    |
| 000000000422 - 000000000438 | Coston, Laura    | New    | ✓ Rules Met | Self Pay - Self Pay   | FFS - FFS     | 09/01/2020 - 09/30/2020 |    |

A green check mark under claim state indicates the claim has met all clinical requirements. (Clinical requirements are based on the clinical requirements per payer plan/plan.)

The claim dates show what period in which you are billing for, so you can identify which claims have met that date span.

Do not submit a claim until a checkmark appears in the **Rules Met** claim state **AND** the claim dates have passed to avoid missing charges that belong on a claim.

**Tip:** If you are reviewing your Billing Queue and find claims with **Rules Not Met**, click the blue hyperlink to review what clinical requirements are missing. The **Claims Console** tracks clinical requirements, this is managed by the clinical team.

| Claim State     | Follow Up  |
|-----------------|------------|
| ✓ Rules Met     | 02/10/2021 |
| ✓ Rules Met     | 01/14/2021 |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     | 02/02/2021 |
| ⚠ Rules Not Met |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |
| ✓ Rules Met     |            |

**Billing Rule Details** ✕

Ford, Henry  
 Claim/Invoice Number: 00000000036 - 000000001088

**⚠ Rules Not Met:**

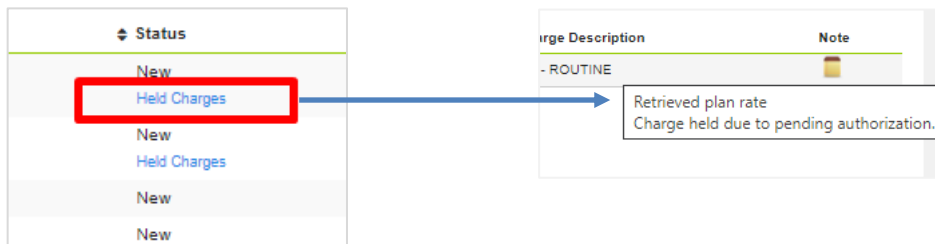
- [Plan of Care Created](#)
- [Release of Information](#)
- [Verbal Order Created](#)

Close



- Check to ensure there are no charges on hold. Held charges are indicated under status. **Note:** *This is a held charge, not a held appointment.*

**Tip:** If there are held charges listed in the **Billing Queue**, you can click on the blue hyper link **Held Charges** and review. This navigates to the claim in the patient's financial record. Hover over the notepad icon to see the held reason. Select **Edit** to view details. Contact clinical/office staff to review the held charge.



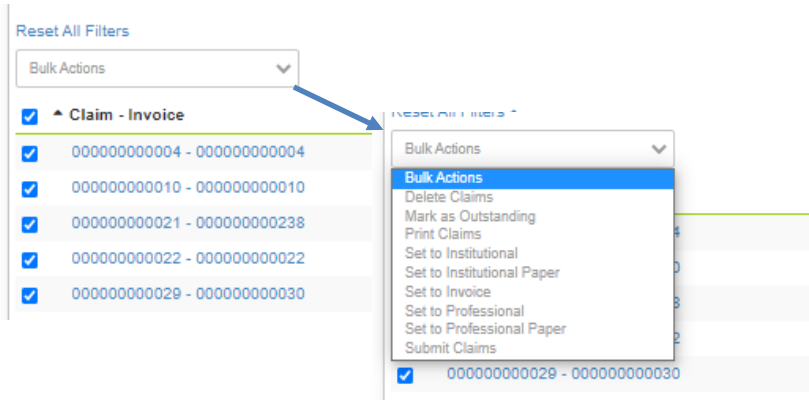
- If you need to edit the claim, click the **blue** claim-invoice link. Click **Edit** Claim to open editable fields. The following edits can be made. Click **Accept** when changes are complete.

Edit Claim

|                      |                                       |                         |                         |
|----------------------|---------------------------------------|-------------------------|-------------------------|
| Claim Number         | 00000000010                           | Invoice Number          | 00000000010             |
| Case Record          | Episodic [000012] - Discharged        | Certification Period *  | 03/18/2020 - 05/18/2020 |
| Payer - Plan *       | CGS - Medicare - PDGM (03/02/2020 - ) | Status                  | Outstanding             |
| Form Type *          | Institutional                         | Claim Type *            | Final - PDGM1           |
| Claim Start Date *   | 03/18/2020                            | Claim End Date *        | 03/31/2020              |
| Reimbursement Amount |                                       | Billed Amount           |                         |
| \$2,038.88           |                                       | \$1,735.00              |                         |
| Amount Paid          |                                       | Reimbursement Remaining |                         |
| \$0.00               |                                       | \$2,038.88              |                         |
| UTN                  |                                       |                         |                         |
| Status Code *        | 01 - Discharge due to goals met       | Taxonomy Code *         | 281E00000X              |
| Type of Bill *       | 0329                                  | Payer ICN               |                         |

Close
Accept

4. **Select** the Claim-Invoice check box and **Print Claims** from the **Bulk Action** menu. We recommend the UB04 with Background or CMS 1500 with Background formats. **Review** the printed claim before submitting to ensure there are no errors.



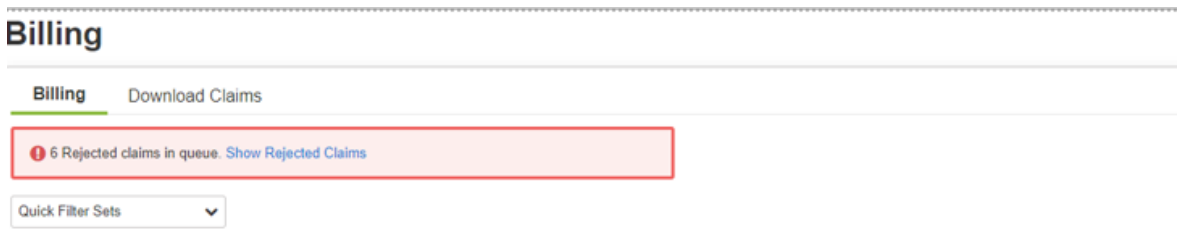
5. Verify the following on the printed claim:

- Start Date
- End Date
- TOB
- Patient Name
- Occ Code/Value (if applicable)
- Review Charges, make sure HIPPS is on RAP/ HIPPS, Q-Code on Final
- Review Dx codes
- Ins ID and Auth if applicable

**Tip:** Occurrence codes, Value codes, Span dates and Charges can be added to the claim under the **Actions** → **Claims** tab shown above.

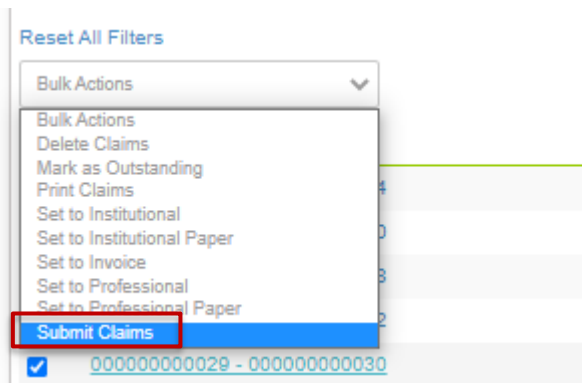
6. **Submit** electronic claims or use **Mark as Outstanding** for paper claims/claims created outside of the software.

**Note:** Claims that are rejected will show as an alert band across the top of the Billing Queue. Monitor the rejected claims alert to quickly identify and take the necessary actions to be able to submit the claim.



## For Electronic Claims

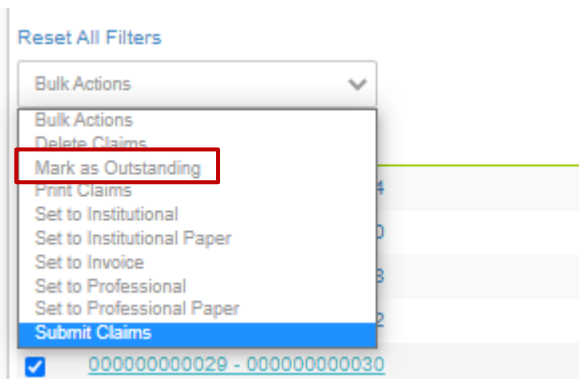
Select **Submit Claims** in either the Actions or Bulk Actions menu. Claims will change to a **Pending** status.



Every thirty minutes the system runs electronic claims in a **Pending** status through an internal quality check, referred to as scrubbing. If the claims pass the scrubbing process, the system creates a **Download Claim File**. If a claim does not pass the scrubbing process, it is marked as rejected and appears in the **Rejected Claims** list for further review.

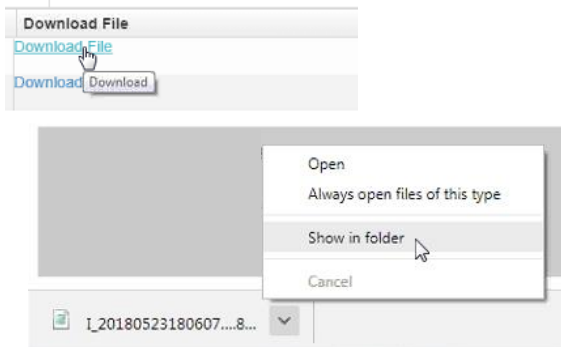
## For paper/invoice claims

Select **Mark as Outstanding** from either the Actions or Bulk Actions menu, then **print** the claim.



## Exporting Claim Files

1. Go to **Billing Queue > Download Claims**
2. Check the box on the right of the batch file.
3. Select **Download File**.



4. Click the button next to the downloaded file and select **Show in folder**. From here you can either move the file to another folder or submit directly from the **Downloads** folder.
5. Select where you want to download the file on your desktop from the **Save As** dialog.
6. Follow your payer’s procedure for uploading the file to their system.

## Monitoring Claims

- Best practice is to monitor claim acceptance and manage/resubmit rejected claims.
- Utilize the Follow Up notes feature and aging reports for claims management.

| Claim Dates             | Billed Amt | Reimb Bal | Form Type           | Follow Up  |
|-------------------------|------------|-----------|---------------------|------------|
| 01/01/2017 - 01/31/2017 | \$406.00   | \$406.00  | Invoice             | 11/02/2022 |
| 01/01/2017 - 01/31/2017 | \$44.00    | \$44.00   | Invoice             | Add        |
| 01/01/2017 - 01/31/2017 | \$2,218.06 | -\$3.00   | Institutional Paper |            |
| 02/01/2017 - 01/31/2017 | \$170.62   | \$170.62  | Institutional Paper | Add        |
| 02/01/2017 - 02/28/2017 | \$0.00     | \$0.00    | Institutional       | Add        |
| 02/01/2017 - 01/31/2017 | \$215.52   | \$215.52  | Institutional Paper | 11/16/2022 |
| 01/01/2017 - 01/31/2017 | \$322.38   | -\$0.90   | Institutional Paper |            |

**Follow Up**

**11/02/2022** *A date signifies a note is present on the claim with a follow up action needed on that date.*  
Add

*A note icon signifies a note is present on the claim with no further action needed.*  
Add

Add *The Add notation, signifies that no follow up notes are present on the claim.*

11/16/2022