

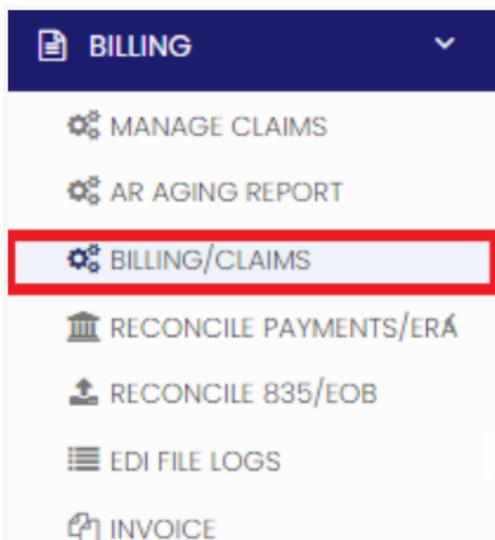
# Billing Claims

Billing claims are formal documents submitted to insurance companies and seeking reimbursement for medical services delivered to patients in Adult Day Care. These claims detail the services provided, associated costs, and ensure proper compensation for Adult Day Care services.

## Adding Batch for Billing

**Billing >> Billing Claims**

To bill the visits in the Timesheet, the user has to create Batches for the Timesheet and submit them to the insurance company for payment.



Click +Add Batch option on the top right side of the screen. Select the Batch Type as Initial Submission, Select the Payor, Service code, Start Date, End Date and Click Search option. Now a popup will appear with the details of the Timesheet, check the box and Click Create Batch option for adding a Batch.

Add Batch

<b>Batch Type</b> Initial Submission ▼	<b>Payor</b> United Healthcare ▼	<b>Service Code</b> Personal Care - T1019 - HI ▼	<b>Client Name</b> Client Name
<b>Start Date</b> 10/11/2023 	<b>End Date</b> 10/18/2023 	<b>Search</b> 	<b>Reset</b> 

The Batch is created with initial submission. Now under Actions Click the Submit Claim option.

BILLING/CLAIMS BATCH 837 RELATED INFORMATION + Add Batch

Batch Type: Select Batch Type | Payor: Select Payor | Start Date: mm/dd/yyyy | End Date: mm/dd/yyyy | Comment: Comment | Client Name: Client Name

BatchID #: BatchID [Search] [Reset]

Refresh | All

Batch	Batch Summary	Line Items	Services Summary	Batch Status Summary	Sort by	ERA	Action
<input type="checkbox"/> 50224	Payor: → United Healthcare Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$13.70 Service Span: 06/02/2023-06/02/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: N/A Sent By: N/A			Action
<input type="checkbox"/> 50195	Payor: → Straight Medicaid Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$900.00 Service Span: 01/09/2023-01/09/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: N/A Sent By: N/A			Download Overview File
<input type="checkbox"/> 50194	Payor: → Straight Medicaid Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$450.00 Service Span: 01/02/2023-01/02/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: N/A Sent By: N/A			Submit Claim Billing Notes
<input type="checkbox"/> 50193	Payor: → Straight Medicaid Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$900.00 Service Span: 01/16/2023-01/16/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: N/A Sent By: N/A			Mark As Sent

Once the Batch is submitted, a green color mark appears on the Batch number to indicate that the Batch is submitted.

BILLING/CLAIMS BATCH 837 RELATED INFORMATION + Add Batch

Batch Type: Select Batch Type | Payor: Select Payor | Start Date: mm/dd/yyyy | End Date: mm/dd/yyyy | Comment: Comment | Client Name: Client Name

BatchID #: BatchID [Search] [Reset]

Refresh | Sent

Batch	Batch Summary	Line Items	Services Summary	Batch Status Summary	Sort by	ERA	Action
<input type="checkbox"/> 5015	Payor: → Anthem Healthkeepers Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$103.32 Service Span: 12/01/2021-04/01/2022	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: 04/06/2022 Sent By: me-admin			Action
<input type="checkbox"/> 50130	Payor: → Anthem Healthkeepers Description: → Initial Submission	Gathered: 1 Rolled Up: 1	Billing Amount: \$0.00 Service Span: 02/01/2021-03/12/2021	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: 05/08/2021 Sent By: me-admin			Action
<input type="checkbox"/> 50127	Payor: → Anthem Healthkeepers Description: → Initial Submission	Gathered: 2 Rolled Up: 2	Billing Amount: \$0.00 Service Span: 10/01/2020-11/30/2020	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: 11/03/2020 Sent By: me-admin			Action
<input type="checkbox"/> 50125	Payor: → United Healthcare Description: → Initial Submission	Gathered: 6 Rolled Up: 6	Billing Amount: \$0.00 Service Span: 06/03/2020-10/28/2020	Allowed Amt: \$0.00 Paid Amt: \$0.00 Sent Date: 10/03/2020 Sent By: me-admin			Action

## Resubmission of Batches

### Billing >> Billing Claims

For Resubmission of Claims follow these steps:

- Select the Batch by using the check box.
- Click Bulk Action - Mark As option in the screen.
- Select Replacement option.

BILLING/CLAIMS BATCH 837 RELATED INFORMATION

**Batch Type**: Select Batch Type  
**Payor**: Select Payor  
**Start Date**: mm/dd/yyyy  
**End Date**: mm/dd/yyyy  
**Comment**: Comment  
**Client Name**: Client Name

**BatchID #**: BatchID [Search] [Reset]

[Refresh] [All] [Action] [Bulk Action - Mark As]

Batch	Batch Summary	Resend	ns	Services Summary	Batch Status Summary	Sort by	ERA	Action
110673	Payor: → Molina Healthca Description: → <b>Replacement</b>	Void	2 2	Billing Amount: \$143.00 Service Span: 06/01/2023-06/04/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00			Action

Now click Add Batch option and Select the Batch Type as Adjustment (Void/Replace)Submission and update the Payor Name, Start Date, End Date and Click Search option.

### Add Batch

**Batch Type**: Adjustment(Void/Replace)  
**Payor**: Optima Health Communit  
**Service Code**: Select Service  
**Client Name**: Client Name

**Start Date**: 08/31/2023  
**End Date**: 09/11/2023  
 [Search] [Reset]

The following screen appears with the Line item. Select the line item and click create Batch option.

### Add Batch

**Batch Type**: Adjustment(Void/Replace)  
**Comment**: Comment  
**Create Patient Wise Batches**:   
 [Create Batch]

**Note\***: Please select claims to create a new batch.  
**Total Selected : Claims 1 , Amount : 606.55, Line Items : 5**

<input checked="" type="checkbox"/>	Patient	Account #	Medicaid #	Date of Birth	Total Line Items	Total Amount	Action
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The Batch has been created for Adjustment (Void / Replace)Submission. Select the check box and click Submit claim option.

[Refresh] [All] [Action] [Bulk Action - Mark As]

Batch	Batch Summary	Line Items	Services Summary	Batch Status Summary	Sort by	ERA	Action
<input type="checkbox"/>	21041 Payor: → Optima Health Community Care Description: → Adjustment(Void/Replace) Submission	Gathered: 5 Rolled Up: 5	Billing Amount: \$606.55 Service Span: 08/31/2023-09/11/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00	Sent Date: N/A Sent By: N/A		Action

[Refresh] [All] [Action] [Bulk Action - Mark As]

Batch	Batch Summary	Line Items	Services Summary	Batch Status Summary	Sort by	ERA	Action
<input checked="" type="checkbox"/>	21041 Payor: → Optima Health Community Care Description: → Adjustment(Void/Replace) Submission	Gathered: 5 Rolled Up: 5	Billing Amount: \$606.55 Service Span: 08/31/2023-09/11/2023	Allowed Amt: \$0.00 Paid Amt: \$0.00	Sent Date: N/A Sent By: N/A		Action

[Download Overview File] [Submit Claim] [Generate 837]

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Revision #2

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