

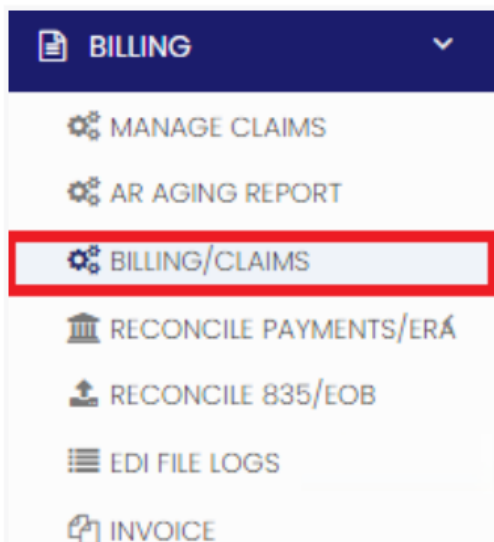
Billing Claims

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

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

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

BILLING/CLAIMS BATCH 837 RELATED INFORMATIONSBatch TypePayorStart DateEnd DateCommentClient Name

Select Batch Type

Select Payor

mm/dd/yyyy

mm/dd/yyyy

Comment

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 | Submit Claim |
| <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 | | 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 INFORMATIONSBatch TypePayorStart DateEnd DateCommentClient Name

Select Batch Type

Select Payor

mm/dd/yyyy

mm/dd/yyyy

Comment

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 + Add Batch

Batch Type:
 Payor:
 Start Date:
 End Date:
 Comment:
 Client Name:

BatchID #:
Search Reset

☐ Refresh
 All
Action
Bulk Action - Mark As
Prev 1 2 3 10 Next

| Batch | Batch Summary | Resend | ns | Services Summary | Batch Status Summary | Sort by | ERA | Action |
|--------|--|--------|-----------|---|---|---------|-----|--------|
| 110673 | Payor: → Molina Healthcare Description: → Replacement | Void | 2 p: 2 | Billing Amount: \$143.08 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:
 Payor:
 Service Code:
 Client Name:

Start Date:
 End Date:
Search Reset

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

⬅ Add Batch

Batch Type:
 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 |
|-------------------------------------|---------|-----------|------------|---------------|------------------|--------------|--------|
| | | | | | | | |

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
Prev 1 2 3 4 Next

| Batch | Batch Summary | Line Items | Services Summary | Batch Status Summary | Sort by | ERA | Action |
|-------|---|-----------------------------|---|---|--------------------------------|-----|--------|
| 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
Prev 1 2 3 4 Next

| Batch | Batch Summary | Download Overview File | Line Items | Services Summary | Batch Status Summary | Sort by | ERA | Action |
|-------|--|-------------------------------------|-----------------------------|---|---|--------------------------------|-----|--------|
| 21041 | Payor: → Optima Health Community Care Description: → Submit Claim | Download Overview File | 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 |

Revision #2

Created 10 November 2023 19:40:18 by Thamarai

Updated 10 November 2023 19:41:50 by Thamarai