

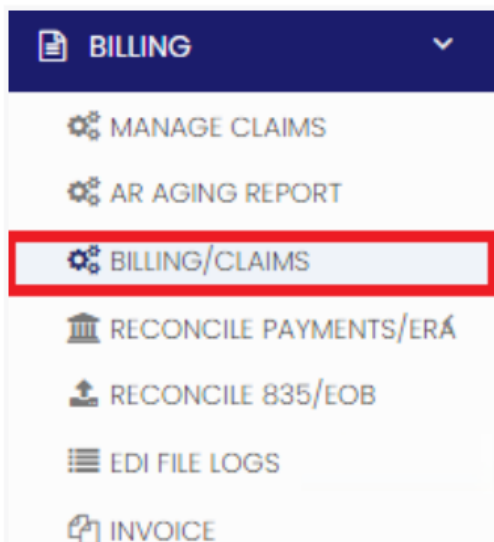
# Billing Claims

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 INFORMATIONSBatch TypePayorStart DateEnd DateCommentClient NameAdd Batch

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 NameAdd Batch

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: → <span style="border: 1px solid red; padding: 2px;">Replacement</span>	Void	ns: 2 pr: 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
« Prev 1 2 3 4 Next »

Batch	Batch Summary	Line Items	Services Summary	Batch Status Summary	Sort by	ERA	Action
<input type="checkbox"/>	21041 Payor: → Optima Health Community Care Description: → <span style="border: 1px solid red; padding: 2px;">Adjustment(Void/Replace) Submission</span>	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
<input checked="" type="checkbox"/>	21041 Payor: → Optima Health Community Care Description: → <span style="border: 1px solid red; padding: 2px;">Submit Claim</span>		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

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