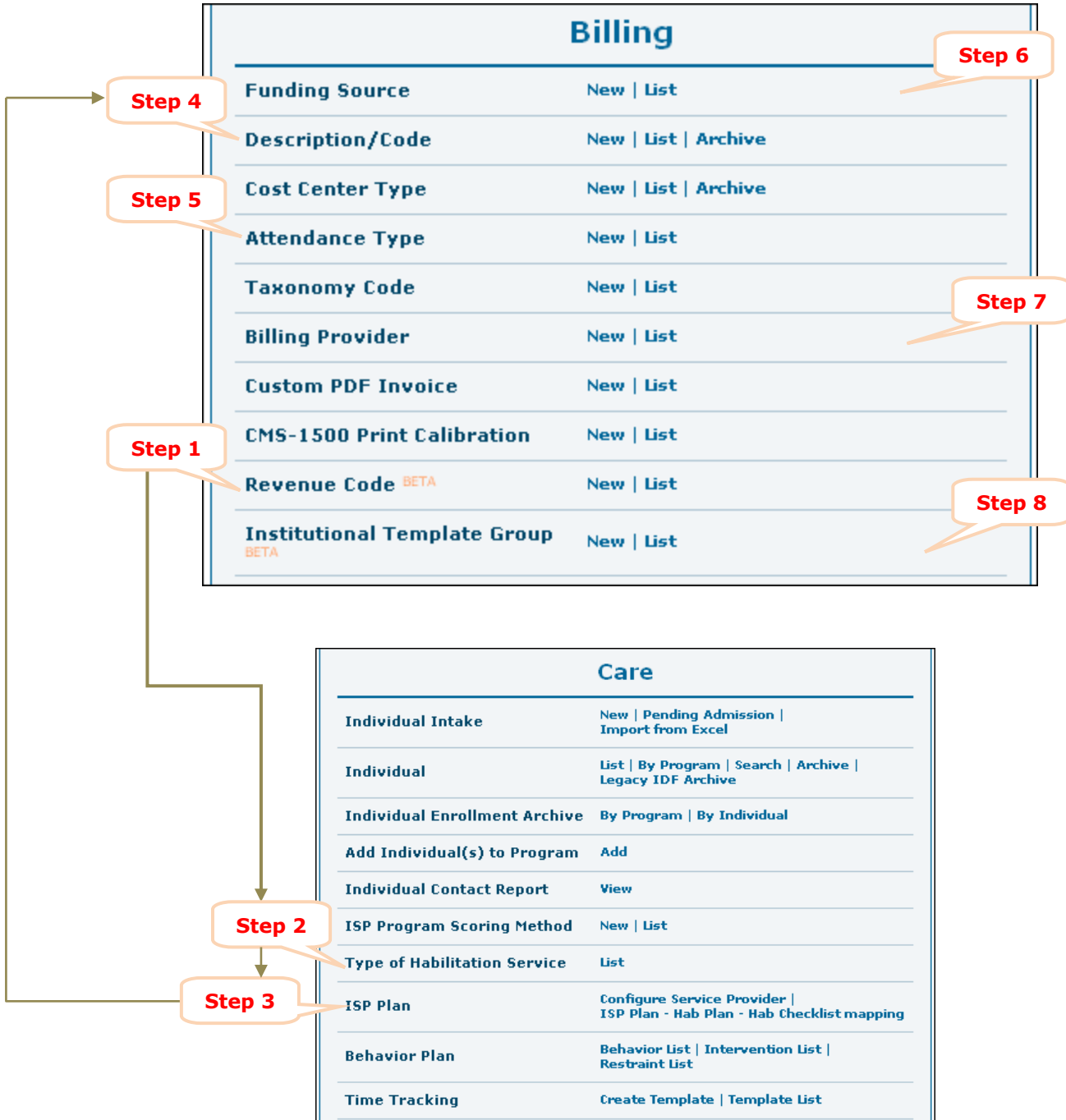


Therap Billing Module Setup (NY) – Day Habilitation

The most important steps to setting up the Billing module are explained first.

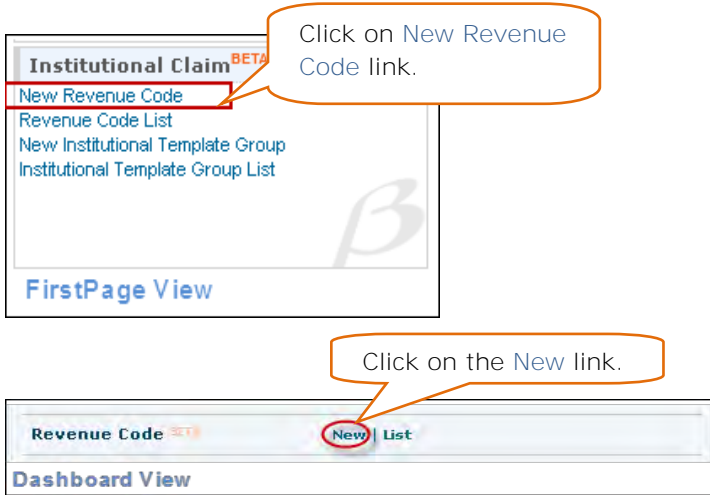
- Create Revenue Code
- Create Habilitation Service Type
- Hab Plan Checklist mapping
- Create Description Code
- Create Attendance Type



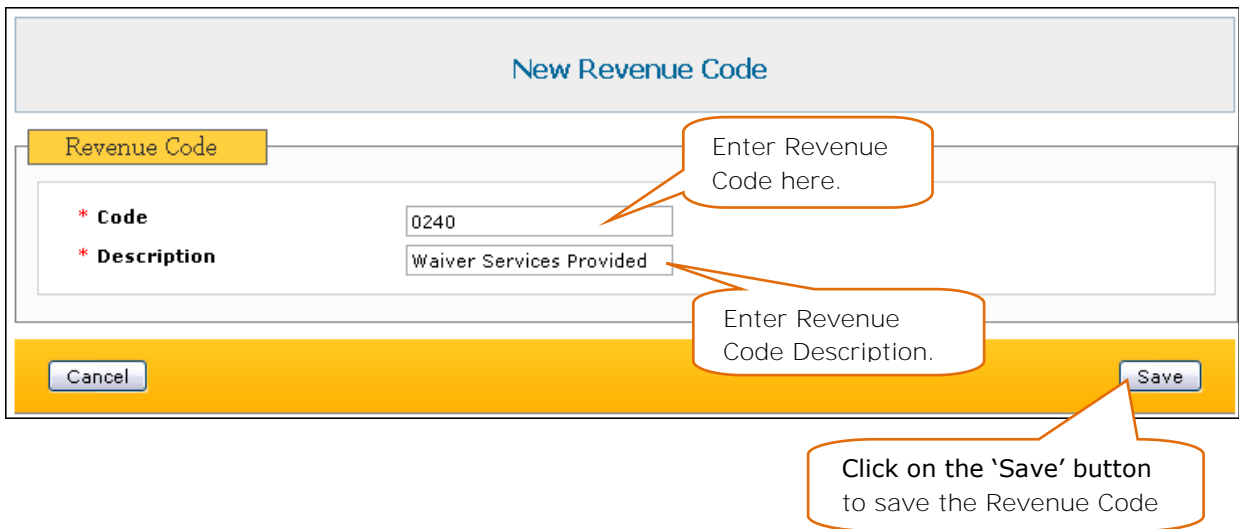
Please follow the steps mentioned below to set up the Billing module for your agency users.

Step 1. Create Revenue Code

- a. First step to setting up the Billing section for regular users is to create a **Revenue Code**.



- b. Enter the appropriate information in the Code and Description fields and click on 'Save' button to save the Revenue Code.



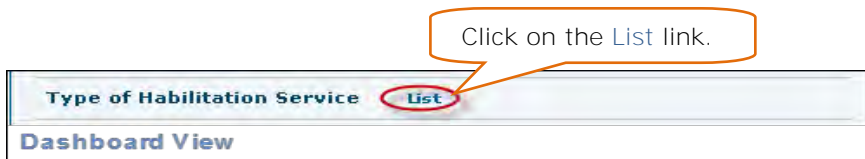
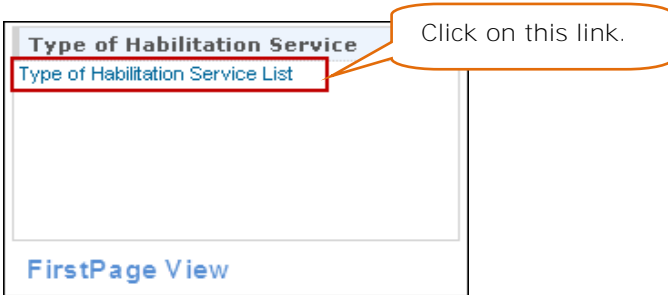
Another **Revenue Code** needs to be created for the non-billable services.

The screenshot shows a 'New Revenue Code' form. At the top is a title bar 'New Revenue Code'. Below it is a yellow header 'Revenue Code'. The form contains two fields: '* Code' with the value '0999' and '* Description' with the value 'Non-Billable'. At the bottom are 'Cancel' and 'Save' buttons. Three callout boxes provide instructions: 'Enter Revenue Code here.' pointing to the code field, 'Enter Revenue Code Description.' pointing to the description field, and 'Click on the 'Save' button to save the Revenue Code' pointing to the Save button.

The Revenue Code will be used while creating new **Service Description/Code** and new **Attendance Type**.

Step 2. Create Habilitation Service Type

- a. The next step is to create a **Habilitation Service Type** from your FirstPage/Dashboard.

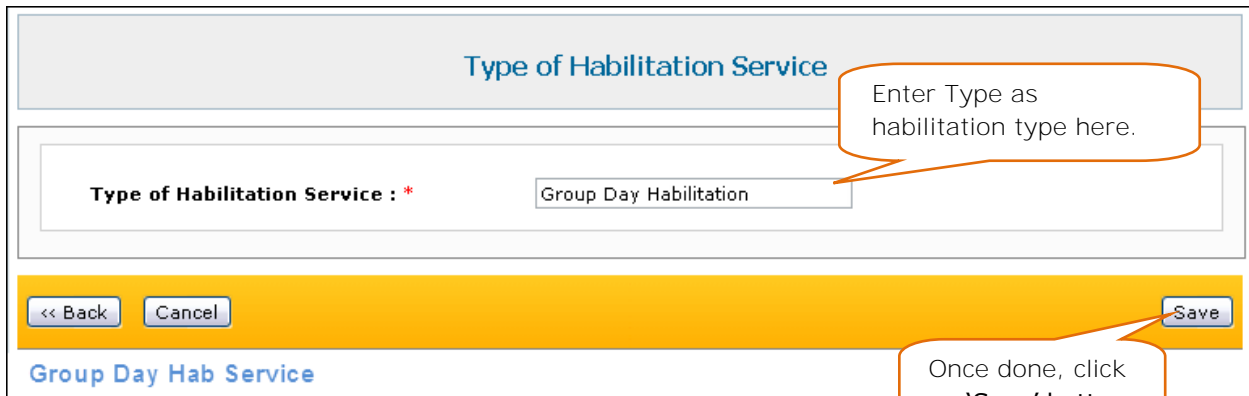


b. Click on the Create New Type of Habilitation Service link to create Habilitation type.



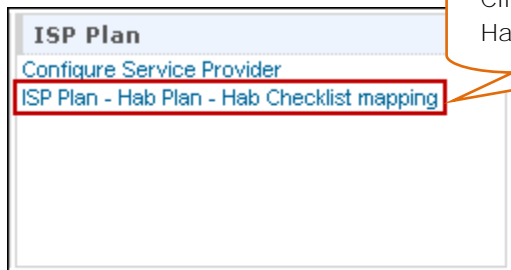
Click on this link.

c. Enter Habilitation Service name.



Step 3. Hab Plan Checklist Mapping

You will need to map the ISP Plan, Hab Plan and Hab Checklist type. You can do this from your FirstPage/Dashboard.



FirstPage View



Dashboard View

Under the Mapping(s) section of the ISP Plan-Hab Plan-Hab Checklist mapping page select the appropriate parameters.

ISP Plan - Hab Plan - Hab Checklist mapping

Default Mapping(s)

ISP Plan Service Type	Hab Plan Service Type	Hab Checklist Type
HCBS Waiver Services	IRA Residential Habilitation	IRA Residential Habilitation Hab Plan
HCBS Waiver Services	Community Residence Residential Habilitation	Community Residence Residential Habilitation
HCBS Waiver Services	At Home Residential Habilitation	At Home Residential Habilitation Hab Plan
HCBS Waiver Services	Family Care Residential Habilitation	Family Care Residential Habilitation Hab Plan
HCBS Waiver Services	Group Day Habilitation	Group Day Habilitation Hab Plan
HCBS Waiver Services	Individual Day Habilitation	Individual Day Habilitation Hab Plan
HCBS Waiver Services	Community Habilitation	Community Habilitation Hab Plan
HCBS Waiver Services	Supported Employment (SEMP)	Supported Employment (SEMP) Hab Plan
HCBS Waiver Services	Pre-Vocational Services	Pre-Vocational Services Hab Plan
HCBS Waiver Services	Respite	Respite Hab Plan
HCBS Waiver Services	Adaptive Devices	Adaptive Devices Hab Plan
HCBS Waiver Services	Environmental Modifications	Environmental Modifications Hab Plan
HCBS Waiver Services	Plan of Care Support Services	Plan of Care Support Services Hab Plan
HCBS Waiver Services	Family Education and Training	Family Education and Training Hab Plan
HCBS Waiver Services	Consolidated Supports and Services	Consolidated Supports and Services Hab Plan
HCBS Waiver Services	Community Transition Services	Community Transition Services Hab Plan
HCBS Waiver Services	Agency with Choice/Financial Management Services	Agency with Choice/Financial Management Services Hab Plan
HCBS Waiver Services	Intensive Behavioral Services	Intensive Behavioral Services Hab Plan

Mapping(s) of ISP Plan, Hab Plan Service Type and Hab Checklist Type

Mapping(s)

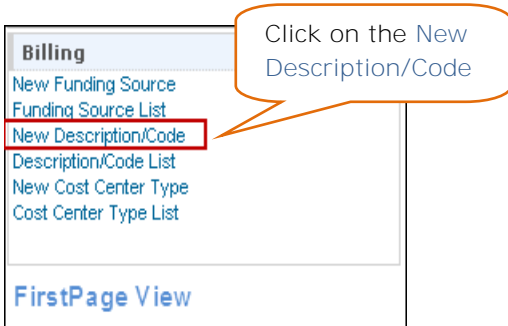
ISP Plan Service Type	Hab Plan Service Type	Hab Checklist Type
HCBS Waiver Services	Group Day Hab	Group Day Habilitation
HCBS Waiver Services	Supervised IRA Res Hab	Res Hab Supervised IRA
HCBS Waiver Services	- Please Select -	- Please Select -

Items marked as 'Default' are not mapped to Billing Module.

Choose the appropriate parameters from the drop down menu.

Step 4. Create Service Description/Code

- a. Next, you will need to create a **Service Description/Code** from your FirstPage/Dashboard.



- b. You will need to create Service Description Codes for the Habilitation Service type (**Group Day Habilitation**) that you created in **Step 2**.

Service Description/Code

Service Description/Code

* **Service Description**

* **Service Code**

Unit of Measure (Label)

Unit Rate (\$) Enable Tracking of Unit Rate Changes by Date Range

* **Claim Type** Professional Claim Institutional Claim

Procedure Modifiers - - -

Primary Diagnosis Code

Diagnosis Code Pointer - - -

NY Hab Plan Validation

Hab Plan Service Type

Service Validation Type

Institutional Claim

* **Revenue Code**

* **Rate Code**

* **Rate Value**

* **Locator Code**

Electronic Billing

Do not change the Unit for Electronic Submission from Unit to Day or Minute unless its required by the State Medicaid System.

* **Unit for Electronic Submission**

* **Procedure Qualifier**

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation)

Rounding Algorithm Half Up Up Down None [See Example](#)

Smallest Allowed Increment 5 Min 7.5 Min 10 Min 15 Min 30 Min 60 Min

You will need to enter 3 types of Service Description/Code:

- Group Day Hab – Attendance (Attendance type Day Hab)
- Group Day Hab – Half Day (Half Day type Day Hab)
- Group Day Hab – Full Day (Full Day type Day Hab)

Group Day Hab - Attendance

Enter all the fields marked with the red asterisks (*). You may enter the other fields as appropriate.

Service Description/Code

*** Service Description** Group Day Hab - Attendance

*** Service Code** GDH

Unit of Measure (Label) Day

Unit Rate (\$) 1.00 Enable Tracking of Unit Rate Changes by Date Range

*** Claim Type** Professional Claim Institutional Claim

Procedure Modifiers - - -

Primary Diagnosis Code 7999

Diagnosis Code Pointer 1 - - -

Enter **Service Code**.

Enter **Service Name**.

Enter **Unit of Measure**.

Enter the **Unit Rate** for the Service

Claim Type should be selected as Institutional Claim.

NY Hab Plan Validation

Hab Plan Service Type Group Day Habilitation

Service Validation Type Select

For Attendance type Day Hab, **do not** select any Service Validation Type

Institutional Claim

*** Revenue Code** Non-Billable (0999)

*** Rate Code** 24

*** Rate Value** GDH

*** Locator Code** 003

Select Revenue Code as Non-Billable for Attendance type Day Hab.

Electronic Billing

Do not change the Unit for Electronic Submission from Unit to Day or Minute unless its required by the State Medicaid System.

*** Unit for Electronic Submission** Unit

*** Procedure Qualifier** HC- HCPCS

Enter all the fields provided here.

Keep this information as it is, unless instructed otherwise by State Medicaid System.

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation) Quarterly

Rounding Algorithm Half Up Up Down None [See Example](#)

Smallest Allowed Increment 5 Min 7.5 Min 10 Min 15 Min 30 Min 60 Min

Time In/Out is used in Attendance to determine a billable day or Half Day, this is done even though it is a per diem/day unit rate

Group Day Hab - Half Day

Service Description/Code

* **Service Description** Grp Day Hab - Half Day

* **Service Code** 4454

Unit of Measure (Label) Day

Unit Rate (\$) 112.19 Enable Tracking of Unit Rate Changes by Date Range

* **Claim Type** Professional Claim Institutional Claim

Procedure Modifiers - - -

Primary Diagnosis Code 7999

Diagnosis Code Pointer 1 - - -

For Half Day type enter appropriate name.

NY Hab Plan Validation

Hab Plan Service Type Group Day Habilitation

Service Validation Type Half Day

Select 'Half Day' as Service Validation Type.

Institutional Claim

* **Revenue Code** Waiver Services Provided (0240)

* **Rate Code** 24

* **Rate Value** 4454

* **Locator Code** 003

Select Appropriate Revenue Code.

Electronic Billing

Do not change the Unit for Electronic Submission from Unit to Day or Minute unless its required by the State Medicaid System.

* **Unit for Electronic Submission** Unit

* **Procedure Qualifier** HC- HCPCS

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation) Select

Rounding Algorithm Half Up Up Down None [See Example](#)

Smallest Allowed Increment 5 Min 7.5 Min 10 Min 15 Min 30 Min 60 Min

Group Day Hab - Full Day

Service Description/Code

* **Service Description** Grp Day Hab - Full Day
 * **Service Code** 4453
Unit of Measure (Label) Day
Unit Rate (\$) 182.16 Enable Tracking of Unit Rate Changes by Date Range

Service Dates that do not fall under any of the following date ranges will use the default Unit Rate.

* Date From	* Date To	* Unit Rate (\$)	
10/01/2010	10/31/2010	184.78	Delete
06/01/2011	08/31/2011	167.20	Delete

*** Claim Type** Professional Claim Institutional Claim
Procedure Modifiers - - -
Primary Diagnosis Code 7999
Diagnosis Code Pointer 1 - - -

Add More

This Unit Rate will act as the default Unit Rate for any data not covered by the date ranges recorded, the current rate is indicated here.

Click on this checkbox to track unit rate changes according to Date Range.

You may click on the 'Delete' button to delete the row.

You may add more rows by clicking on the 'Add More' button.

Enter the parameters as appropriate.

NY Hab Plan Validation

Hab Plan Service Type Group Day Habilitation
Service Validation Type Full Day

Institutional Claim

* **Revenue Code** Waiver Services Provided (0240)
 * **Rate Code** 24
 * **Rate Value** 4453
 * **Locator Code** 003

Electronic Billing

Do not change the Unit for Electronic Submission from Unit to Day or Minute unless its required by the State Medicaid System.

* **Unit for Electronic Submission** Unit
 * **Procedure Qualifier** HC- HCPCS

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation) Select
Rounding Algorithm Half Up Up Down None [See Example](#)
Smallest Allowed Increment 5 Min 7.5 Min 10 Min 15 Min 30 Min 60 Min

Select 'Full Day' as the Service Validation Type.

Select appropriate Revenue Code.

Once you are done filling up all the sections in the Service Description/Code form, click on the 'Save' button.

Cancel Save Save And Create New

Click on the 'Cancel' button to cancel the form.

Click on the 'Save' button to save the Service Description form.

Click on the 'Save And Create New' button to save the form and create a new form.

Step 5. Create Attendance Type

- a. After creating Service Description/Code, you will need to create Attendance Type from your FirstPage/Dashboard.

Click on the New Attendance Type link.

Attendance
New Attendance Type
Attendance Type List
FirstPage View

Click on the New link

Attendance Type New | List
Dashboard View

New Attendance Type

* Type Name

* Use Time In/Out for calculating billable unit Yes No

Options

Once an Attendance Option is used the Option Name can no longer be changed.

Option Name	Option Code	Billing Units	Revenue Code	Billable
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- Please Select -	<input checked="" type="checkbox"/>

Bundle Rules

Use Bundle Rules

Cancel Save Save And Create New

- b. For Group Day Hab Services you will need to select the 'Use Time In/Out for calculating billable unit' field as 'Yes'

Enter the Attendance Type name as '**Group Day Hab Attendance**'

* **Type Name** Grp Day Hab Attendance

* **Use Time In/Out for calculating billable unit** Yes No

Select the option as '**Yes**'

Under the **Options** section, enter the information as appropriate.

Options

Once an Attendance Option is used the Option Name can no longer be changed.

Option Name	Option Code	Billing Units	Revenue Code	Billable
Present	P		0240	<input checked="" type="checkbox"/>
Absent	A		0999	<input type="checkbox"/>
Not Scheduled	NS		0999	<input type="checkbox"/>
Closed	C		0999	<input type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>
			- Please Select -	<input checked="" type="checkbox"/>

Enter **Option Name** as appropriate.

Enter **Option Code** as appropriate.

For Group Day Hab, **Billing Units** field is not required.

Enter **Revenue Code** as appropriate.

Click on the checkboxes to make the Options billable.

In the **Bundle Rules** section, select the 'Use Bundle Rule' check box, and then select the 'Daily' radio button option under it.

Bundle Rules

Use Bundle Rules

Click on the **Use Bundle Rules** checkbox.

Bundle Rules

Use Bundle Rules

Continuous Bundling

Daily

Click on the '**Daily**' option.

Selecting the 'Daily' option, opens up other options.

Bundle Rules

Use Bundle Rules

Continuous Bundling

Daily

Minimum Range (Minutes)	Maximum Range (Minutes)	Billable Units	Bundle Code	Face to Face Count Per Day	Service Description Code
0	119	0	L2	0	- Please Select -
120	239	1	HD	1	- Please Select -
240	1440	1	FD	2	- Please Select -

Billable Units and Bundle Code fields are non-editable.

Bundle Code:

- L2 – Less than 2 hours
- HD – Half Day
- FD – Full Day

Bundle Rules Explanation:

If a **service** is of **less than two hours (L2)**, the service will **not be billable** (0-119 minutes).

Bundle Rules

Use Bundle Rules

Continuous Bundling

Daily

Minimum Range (Minutes)	Maximum Range (Minutes)	Billable Units	Bundle Code	Face to Face Count Per Day	Service Description Code
0	119	0	L2	0	- Please Select -
120	239	1	HD	1	Grp Day Hab - Half Day (4454)
240	1440	1	FD	2	Grp Day Hab - Full Day (4453)

You will not need to select anything here.

A **Half Day Service (HD)** will have at least **1 Face to Face Count per Day** or a minimum **time** range of **2 – 4 hours** (120-239 minutes).

Bundle Rules

Use Bundle Rules

Continuous Bundling

Daily

Minimum Range (Minutes)	Maximum Range (Minutes)	Billable Units	Bundle Code	Face to Face Count Per Day	Service Description Code
0	119	0	L2	0	- Please Select -
120	239	1	HD	1	Grp Day Hab - Half Day (4454)
240	1440	1	FD	2	Grp Day Hab - Full Day (4453)

Select the Half Day Service.

A **Full Day Service (FD)** needs to have at least **2 Face to Face Count per Day** or a minimum **time** range of **4 to 24 hours** (240-1440 minutes).

Bundle Rules

Use Bundle Rules

Continuous Bundling

Daily

Minimum Range (Minutes)	Maximum Range (Minutes)	Billable Units	Bundle Code	Face to Face Count Per Day	Service Description Code
0	119	0	L2	0	- Please Select -
120	239	1	HD	1	Grp Day Hab - Half Day (4454)
240	1440	1	FD	2	Grp Day Hab - Full Day (4453)

Select the Full Day Service.

Once you are done entering information in all the sections, click on the 'Save' button to save the Attendance Type.

Cancel Save Save And Create New

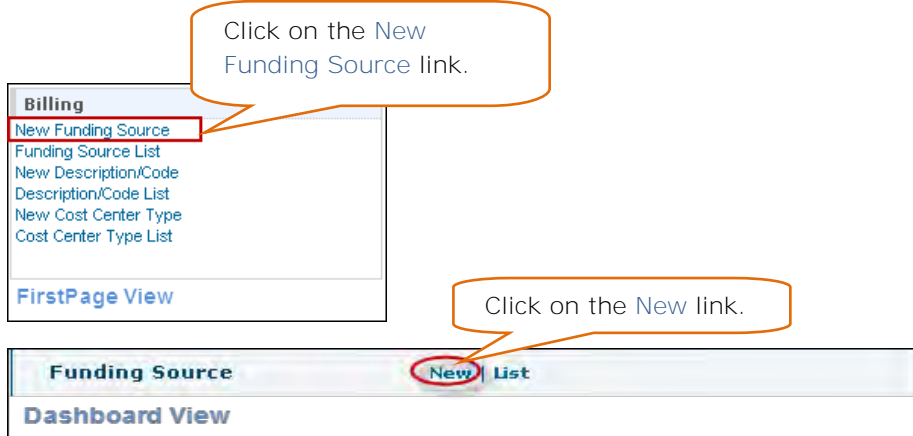
Click on the 'Cancel' button to cancel the form.

Click on the 'Save' button to save the Attendance Type form.

Click on the 'Save And Create New' button to save the form and create a new form.

Step 6. Setting up Funding Source

- a. You will need to setup the Funding Source from your FirstPage/Dashboard.



- b. A **Funding Source** is a person or entity paying the bills for one or more individuals. Funding sources are used when creating Service Authorizations for an individual.

Enter all fields marked with red asterisks (*)

Funding Source

* Name: eMedNY

Funding Provider Number: Demo Funding

Vendor ID: []

* Street 1: Street 1

Street 2: []

* City: City 1

* State: NEW YORK

* ZIP: 12345

County: Zip: xxxxx or xxxxx-xxxx

Contact Information

Title: []

* First Name: Claim

* Last Name: Information

Phone: [] Ext: []

Fax: [] Email: []

Phone: xxx-xxx-xxxx or xxxxxxxxxx

Fax: xxx-xxx-xxxx or xxxxxxxxxx

Electronic Billing

* Payer: Select NYSDOH as the Payer

Buttons: Cancel, Save, Save And Create New

Enter all the information regarding the **Funding Source** as appropriate.

Click on the 'Save and Create New' button to save the Funding Source and create a new Funding source.

Click on the 'Cancel' button to cancel the form.

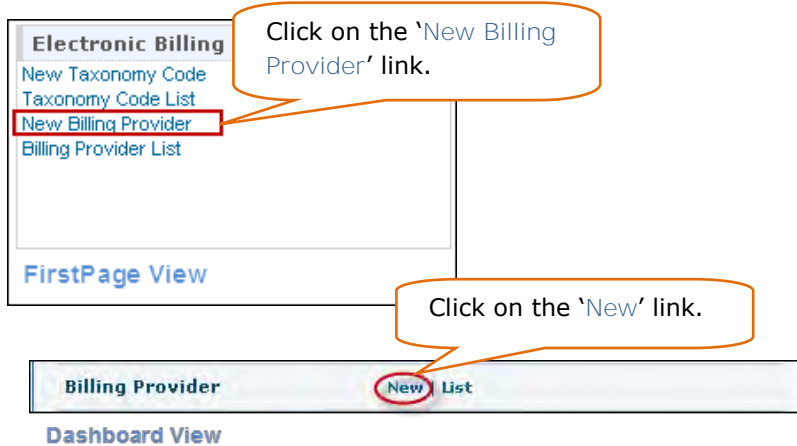
Click on the 'Save' button to save the Funding Source details.

- **Manual Billing is selected if Claims are not required to be sent Electronically.**
- If you do not see State Medicaid (**NYSDOH**) please contact support at 'support@therapservices.net' or via '**My Issues**'.

Payer cannot be changed once Service Authorization is created.

Step 7. Setting up Billing Provider

a. Next, you will need to create a Billing Provider for your Billing module from your FirstPage/Dashboard.



b. Billing Provider information will be used when generating and sending claims to State Medicaid (NYDOSH).

Administrators can define their billing providers along with the Medicaid Provider Number, provider address, contact information, and additional contact information, among others.

The image shows a screenshot of the 'Billing Provider' form. It contains several sections with input fields:

- Entity Type:** A dropdown menu.
- Organization Name:** Fields for First Name, Last Name, and Middle Name.
- Identification Information:** Fields for ID Type, ID Number, Medicaid Provider Number, NPI Number, and Additional Provider Number.
- Provider Address:** Fields for Street 1, Street 2, City, State, and ZIP.
- Contact Information:** Fields for Contact Name, Phone Number, Extension, Fax Number, and E-Mail Address.
- Additional Contact Information:** Similar fields to the main contact information.
- Financial Billing:** Fields for Provider Account Number and Bank Code Number.

 At the bottom, there are 'Cancel' and 'Save' buttons, and a 'Jump to: Create Item' link.

Enter all fields marked with the red asterisks (*)

a. Enter Billing Provider **Name** and **Entity Type**:

Name

* Entity Type	Non Person
* Organization Name	Demo Provider
* First Name	
* Last Name	
Middle Name	

Select **Entity** as Non Person.

b. Enter **Identification Information** as appropriate:

Identification Information

* ID Type	EIN
* ID Number	08-5555555
Medicaid Provider Number	08765432
NPI Number	
Additional Provider Number	
Taxonomy Code List	Select

Enter Medicaid Provider Number.

c. Enter **Provider Address** as appropriate:

Provider Address

* Street 1	Street 1
Street 2	
* City	City 1
* State	NEW YORK
* ZIP	ZIP

Zip: xxxxx or xxxxx-xxxx

Enter the **address** of the Billing Provider as appropriate.

d. Enter **Contact Details** as appropriate:

Contact Information

Contact Name

Phone Number **Extension**

Phone: xxx-xxx-xxxx or xxxxxxxxxxxx

Fax Number

Fax: xxx-xxx-xxxx or xxxxxxxxxxxx

E-Mail Address

Additional Contact Information

Contact Name

Phone Number **Extension**

Phone: xxx-xxx-xxxx or xxxxxxxxxxxx

Fax Number

Fax: xxx-xxx-xxxx or xxxxxxxxxxxx

E-Mail Address

Enter **Contact information** of the Billing Provider.

e. Enter **Financial Routing** information as appropriate:

Financial Routing

Provider Account Number

Bank Code Number

This section is not required; as it is normally used for accounting uploads of accounts receivables amounts.

Once you have entered all the information, click on the 'Save' button to save the Billing Provider form.

Click on the 'Cancel' button to cancel the form.

Click on the 'Save' button to save the Billing Provider form.

Click on the 'Save And Create New' button to save the form and create a new form.

Step 8. Setting up Institutional Template Group

Setting up **Institutional Template Group**; this is used while generating Claims.

Providers should create as few Institutional Template as possible, such as Waiver Services and ICF/DD Services, and **MSC Services**. The **Individual's Billing Templates will be organized** and billed by Service Type or Service Description, using the related Medicaid Provider Code.

You will need to setup Institutional Template Group from your FirstPage/Dashboard.

Click on the 'New Institutional Template Group' link.

Click on the 'New' link

Institutional Claim BETA
 New Revenue Code
 Revenue Code List
New Institutional Template Group
 Institutional Template Group List
 FirstPage View

Institutional Template Group BETA
New List
 Dashboard View

Enter new Institutional Template Group details:

New Institutional Template Group

Institutional Claim Group

* **Name** Waiver Services
Description Services, Day, PreVoc, Residential, Respite, Com Home

Enter **Name** of the template Group.

Enter **Description** for the template group.

Click on the 'Save' button to save the form.

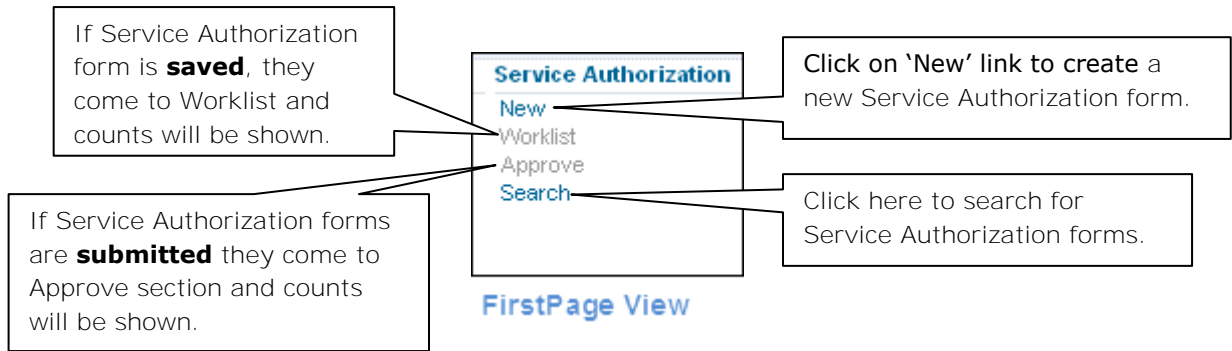
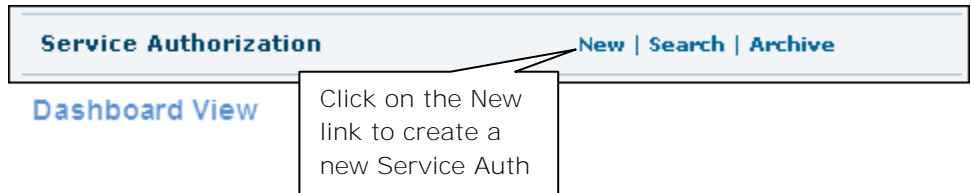
Cancel Save

Regular User Specific Flow

Creating Service Authorization

Users with the **Service Authorization Submit** role can create new Service Authorizations for individuals and submit them for approval.

You will find the Service Authorization section under the Institutional Claim area.



Service Authorization Status:

1. **In Prep** – Service Authorization forms that are saved by users to be worked on at a later time, these forms have the *In Prep* status.
2. **Pending Approval** – Service Authorization forms that are submitted by users and have not been approved, have the *Pending Approval* status.
3. **Approved** – Service Authorization forms that are approved (by users with appropriate role) will have the *Approved* status.
4. **Discontinued** – Service Authorization forms that are no longer required, can be discontinued (by users with appropriate roles) and these forms have the *Discontinued* status.
Discontinued forms can be reactivated by appropriate users.

When the date range in a Service Authorization form crosses the current date, the Service Authorization form expires.

Service Authorization Roles:

1. **Service Authorization Submit** – Save or Submit Service Authorizations, Delete saved Service Authorizations.
2. **Service Authorization Approve** – Save or Submit Service Authorization Submit + Approve or Delete submitted (Pending Approval) Service Authorizations.
3. **Service Authorization Update** – Update or Discontinue approved Service Authorizations. View Discontinued and Archived Service Authorizations forms.
4. **Service Authorization View** - View approved Service Authorizations.

On clicking on the New link, you will be taken to a list of programs page, where you have to select the program.

Select Program name from list

Program Name ▲	Site Name ◆	Program Type ◆	Cost Center Number ◆
1st Street	Group Home	24-hour Residential	

On selecting a program, the Service Authorization form will open. You will need to select the Individual for whom the Service Authorization needs to be created.

Service Authorization

Form ID: SA-BDNY-9BG2JAX96F
Status New

Service Authorization Information

Program Name 1st Street

* **Individual Name** Active, Mary / 12365987454

* **Individual ID Type** Medicaid Number

* This ID will be sent to Payer

Claim Type Institutional Claim

Authorization Number

Funding Source NY Medicaid

Select **Individual Name** and **Individual ID Type** from the dropdown menu.

To add **Service** you have to enter Begin and End dates of the Service

* **Begin Date** 09/01/2011

* **End Date** 08/31/2020

This is not Prior Authorization Number.

Service Coordinator

Organization/Agency

First Name **Last Name**

Service Coordinator Number

Phone Number **Extension**

Phone: xxx-xxx-xxxx or xxxxxxxxxxxx

Service

Click here to add service. Make sure begin and end dates are entered.

Service Code	Serv Desc	Units	Frequency	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Method of Data Collection	Action

Notification Level

Make sure you have selected the appropriate **Funding Source** in the **Service Authorization** form else you will not be able to find Billing records while creating claims.

On clicking the 'Add service' button, a Service form will open in a pop-up window. You need to create 3 types of Service:

- Group Day Hab Services – Method of Data Collection: Attendance
- Half Day Hab Services - Method of Data Collection: Billing Data
- Full Day Hab Services – Method of Data Collection: Billing Data

Service

Select Service Description for Attendance type Day Hab.

* Service Description/Code: Group Day Hab-Attendance/GDH

* Unit of Measure (Label): Day

This field auto populates other fields from Description Code form as entered by your Administrator.

'Total Billable Units' is the maximum number of units that can be billed against this service. 'Total Authorized Amount' is just for the record and is not required.

* Total Billable Units: 9999999

* Unit Rate (\$): 1.00

Total Authorized Amount (\$): 9999999.00

<< Calculate Total Authorized Amount

Procedure Modifiers: [] - [] - [] - []

Primary Diagnosis Code: 7999

Diagnosis Code Pointer: 1 - [] - [] - []

Prior Authorization Number: []

Method of Data Collection: Billing Data Input Attendance ISP Data

Attendance Type List: Grp Day Hab - Attendance -- Time In/Out required

Supporting Document: Add ISP Program

For Attendance type Day Hab select Method of Data Collection as Attendance

Select the appropriate Attendance Type from the dropdown menu.

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation): Quarterly

Rounding Algorithm: Half Up Up Down None [See Example](#)

Smallest Allowed Increment: 5 Min 7.5 Min 10 Min 15 Min 30 Min 60 Min

Authorized Units Per Period

Period: Select

Units: []

The fields, if entered will be shown in Utilization Report.

Specify Authorized Units per Month to get Monthly Utilization Report.

Enter Number of Units that can be billed against this service.

Time In/Out is used in Attendance to determine a billable day or half day; this is done even though it is a per diem/day unit rate

Click here to cancel the form.

 Click here to save the Service.

Service

Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Method of Data Collection	Action
GDH	Group Day Hab	Day	\$1.00	9999999	9999999.00	- - -			Attendance	Update Delete

Notification Level

Notify before days of expiry.

Notify when % of total unit left.

Click here to add Half Day and Full Day Service.

Create the **Group Day Hab Half Day** and **Group Day Hab Full Day** service in the same procedure as explained above.

For Half Day Service and Full Day service, select the '**Method of Data Collection**' field as '**Billing Data Input**'

Make sure all three services are added.

Service

Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Method of Data Collection	Action
GDH	Group Day Hab-Attendance	Day	\$1.00	9999999	9999999.00	- - -	7999	1- - -	Attendance	Update Delete
4454	Grp Day Hab - Half Day	Day	\$112.19	9999999	9999999.00	- - -	7999	1- - -	Billing Data Input	Update Delete
4453	Grp Day Hab - Full Day	Day	\$182.16	9999999	9999999.00	- - -	7999	1- - -	Billing Data Input	Update Delete

Make sure the Method of Data Collections is as instructed above.

The screenshot shows a web form for Service Authorization with the following sections and callouts:

- Notification Level:** Contains two dropdown menus. The first is labeled "Notify before" followed by "Select" and "days of expiry." The second is labeled "Notify when" followed by "Select" and "% of total unit left." Callouts explain: "Select Number of Days to receive notification before the Service Auth expires." and "Select percentage of units left for which notification will be sent."
- Attachment(s):** A text input field with "Add" and "Scan" buttons. Callouts: "Click on 'Add' button to add external files." and "Click on 'Scan' button to scan and attach external files."
- Comments:** A large text area with "3000 characters left" at the bottom. Callout: "Click on 'Approve' button to approve the Service Auth form."
- Buttons:** A yellow bar at the bottom contains "Cancel", "Save", "Submit", and "Approve" buttons. Callouts: "Click on the 'Save' button to save the form in Worklist." and "Click on 'Submit' button to submit the form for approval."

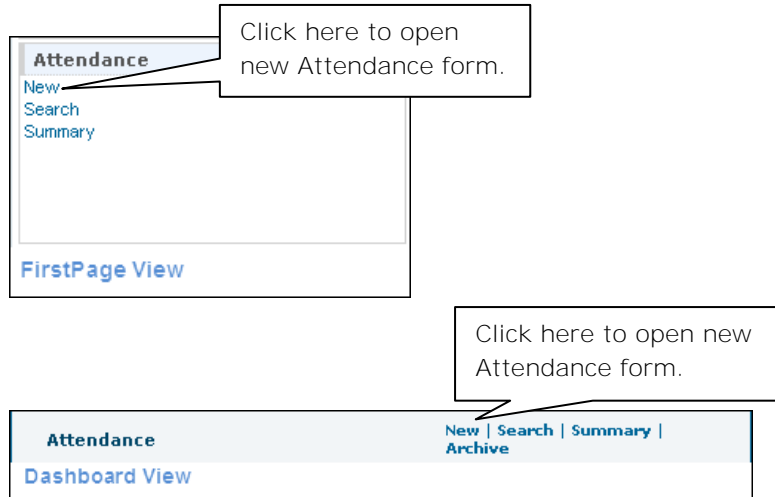
You will require the **Service Authorization Approve** Role to approve a Service Authorization form.

You will not be able to view the 'Approve' button if you do not have the **Service Authorization Approve** Role.

Collecting Attendance Data

The Attendance module will help you to keep track of Individuals' attendance on services, to Generate Billing Data and Create Reports on their Attendance.

To record attendance data for billing, you will need to Input the Attendance Data and then 'Update' the recorded Attendance Data.



You will require the Billing Attendance Role to collect data for attendance.

Attendance Roles:

1. **Attendance Data Submit** - Enter attendance data
2. **Attendance Data Approve** - Approve attendance data, Submit attendance data for billing
3. **Attendance Data Update** - Edit submitted (in-prep) or approved attendance data
4. **Attendance Data View** - View submitted or approved data

On clicking on the 'New' link you will be taken to the 'Search Service for New Attendance' page. Select all fields marked with a red asterisks (*).

Search Service for New Attendance

* **Program (Site)**

* **Service Description (Code)**

* **Attendance Type**

Individual First Name

Individual Last Name

* **Service Authorization Status**

* **Service Date**

On the **Attendance** form, enter the required Attendance data for the Day Hab service.

Attendance

Input Mode

* **Attendance Options:**

Time In:

Time Out:

Service Provider:

General Comment:

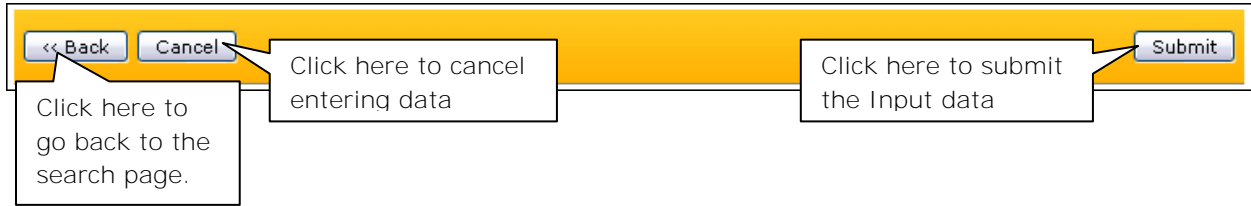
Select All Blank

Individual Name	
<input checked="" type="checkbox"/> Active, Mary	<input checked="" type="checkbox"/> 7 Wed

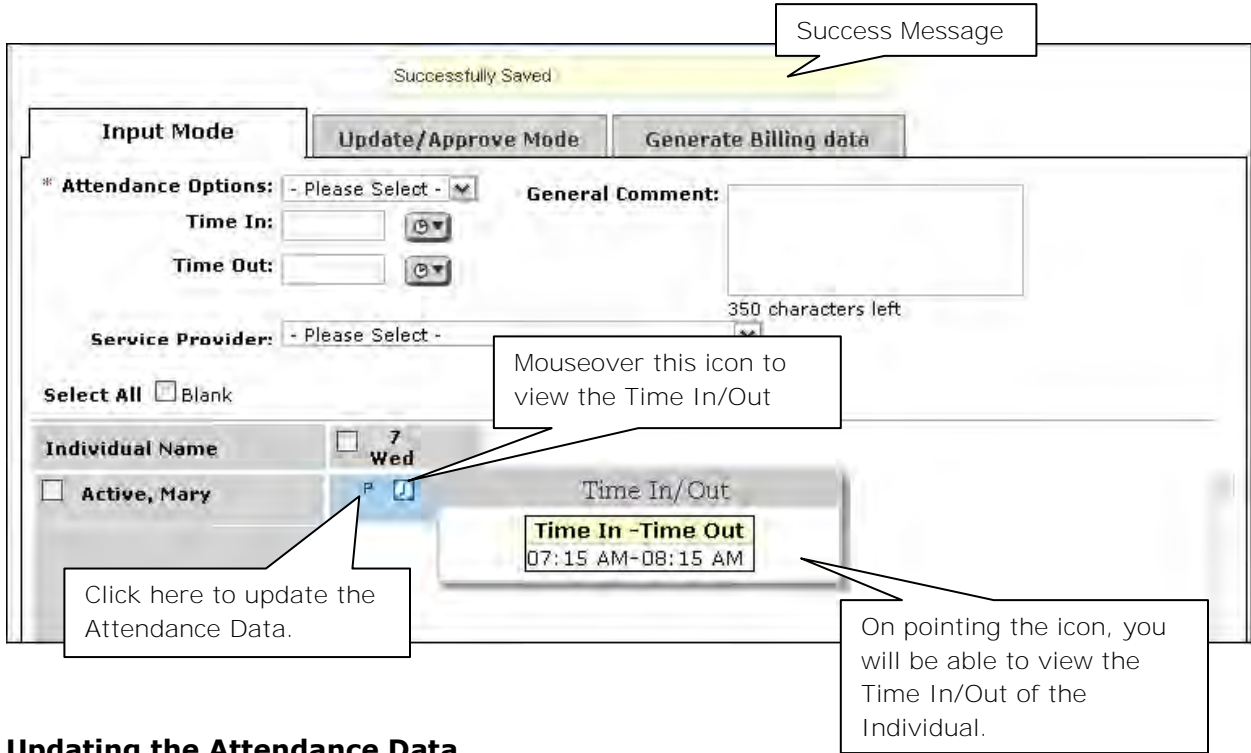
Individual List

350 characters left

Once you are done entering information, click on the 'Submit' button to submit the attendance data.

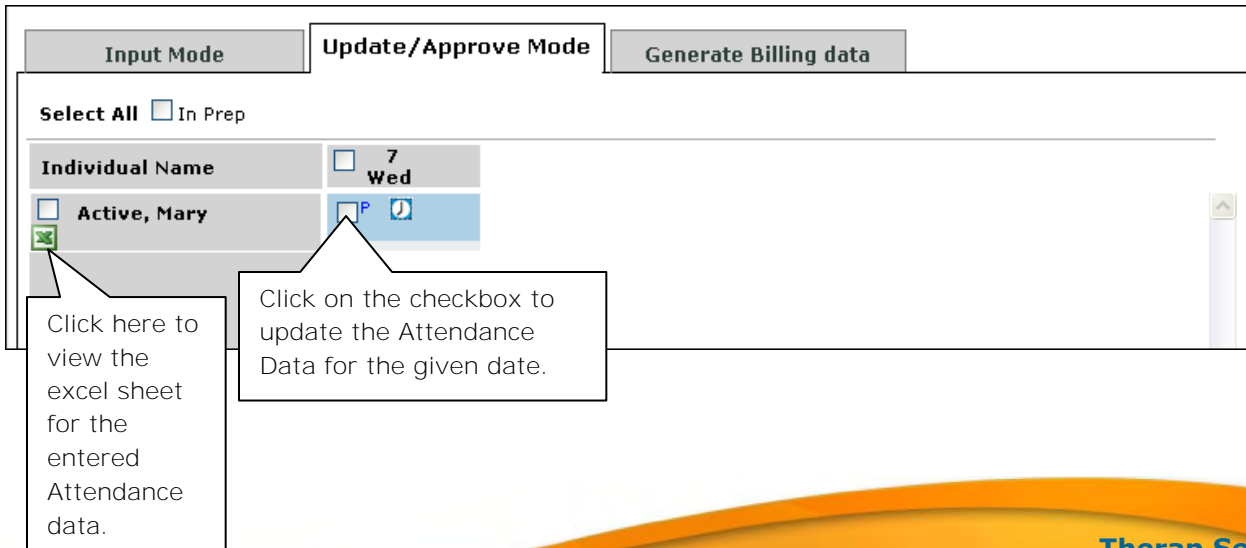


On submitting you will receive a success message.



Updating the Attendance Data

To Update the Attendance Data click on the 'Update/Approve Mode' tab.



Once you are done updating the Attendance data click on the 'Approve' button to approve the data.



Generating Billing Data

After the Attendance data has been submitted and approved, you may generate the Billing Data from the 'Generate Billing Data' tab.

> Attendance Data marked with Red Border need to be checked before generating Billing Data

Input Mode	Update/Approve Mode	Generate Billing data					
Individual Name	1 Thu	2 Fri	3 Sat	4 Sun	5 Mon	Tu	
<input checked="" type="checkbox"/> Active, Mary (2 / 6)	<input type="checkbox"/> P <input type="checkbox"/> HD 0	<input type="checkbox"/> P <input type="checkbox"/> L2 0	<input type="checkbox"/> P <input type="checkbox"/> FD 0	<input type="checkbox"/> P <input type="checkbox"/> HD 2		<input type="checkbox"/> P	

The number in red indicates the number of attendance data with discrepancy.

Red Border indicates discrepancy in Data. Check before generating Billing Data.

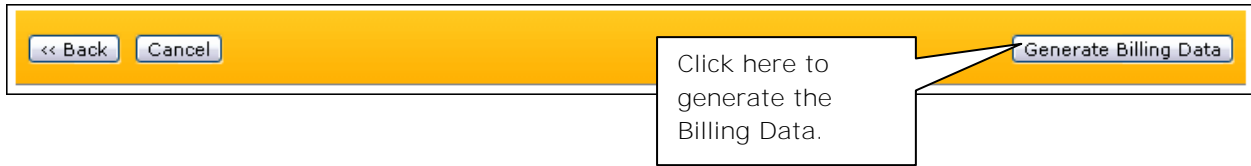
Click here to select for generating Billing Data.

Face to Face count pulled from ISP Data

FD/HD/L2 is determined for each day from Attendance time duration and Bundling rules

Discrepancy – The discrepancies may occur due to mismatched Face to Face counts for L2/HD/FD.

Once you select the desired days for Generating Billing Data, click on the 'Generate Billing Data' button to generate the Billing Data.



No Billing Data will be generated if there is no valid ISP Plan available for the particular Day Hab.

For non-reportable tasks in ISP Programs, Face to Face count will not be added.

The 'Billable' option in the ISP Data form is not required for attendance data collection.

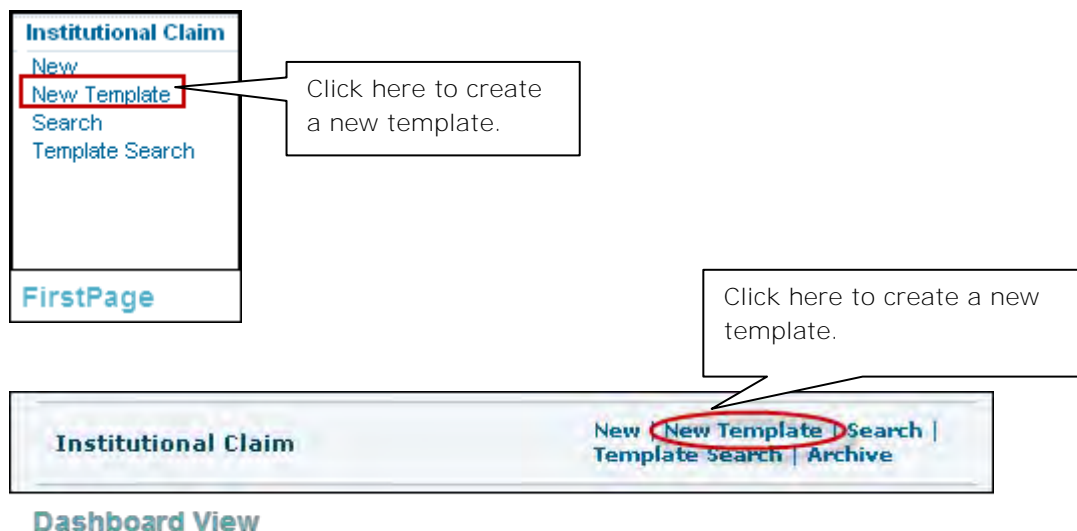
Once Billing Data is generated from Attendance Data, you will not be able to update it anymore. This action will lock the Attendance record for the program and individuals for submission.

For **Group Day Hab** programs, a Billing Data will be generated for each of the *Half Day* and *Full Day* services.

Generating Claims:

Once you have a generated Billing Data, you will be able to generate claims. You will need to create a new template where you add services after which you will need to generate claim.

Create New Claim Template



Dashboard View

On the page that opens, enter all the fields marked with an asterisks (*). You may also enter other data as appropriate.

New Institutional Claim Template

Form ID: ICT-BILLNNY9BW2MGGCYG

Claim Information

Template Status

Template Group

*** Individual Name**

Individual ID Type

*** Type of Bill**

Inactive Active

Waiver Services

Active, Mary

Medicaid Number

* This ID will be fetched from IDF and will be used as Medical Record Number

34

Admission Date

Admission Time

Admission Type

Admission Source

05/14/1998

09 Hours 00 Mins

Select

Discharge Time

Patient Status

Select Hours Select Mins

30-Still a resident

*** Medicare Assignment Code**

*** Release of Information Code**

*** Claim Filing Indicator**

*** Signature On File**

*** Assignment of Benefits Indicator**

*** Explanation of Benefits Indicator**

Special Program Code

Not Assigned

Yes

Medicaid

Yes

Yes

No

Select

Select the **Active** Status.

Enter the appropriate type of Bill.

Enter appropriate information.

Select the Patient Status.

Enter the information as appropriate.

Provider Information

* **Billing Provider** Demo Community Services, Inc (EIN: 08-9876543, Medicaid Provider Number: 08765432) ▼

Pay-to Provider Demo Community Services, Inc (EIN: 08-9876543, Medicaid Provider Number: 08765432) ▼

Attending Provider Select ▼

Service Facility Provider Select ▼

Diagnosis Information

* **Principal Diagnosis** 7999

Admitting Diagnosis

Select appropriate Billing Provider.

Enter as appropriate.

Service Link

Select the Day Hab Services.

Select	Program Name	Authorization ID	Service Description (Code)	Unit Rate (\$)	Procedure Modifiers
<input type="checkbox"/>	1st Street Group Home	SA-BILLNNY-9BH2PNPWRT	Group Day Hab-Attendance (GDH)	\$1.00	---
<input checked="" type="checkbox"/>	1st Street Group Home	SA-BILLNNY-9BH2PNPWRT	Grp Day Hab - Full Day (4453)	\$182.16	---
<input checked="" type="checkbox"/>	1st Street Group Home	SA-BILLNNY-9BH2PNPWRT	Grp Day Hab - Half Day (4454)	\$112.19	---

Comments

3000 characters left

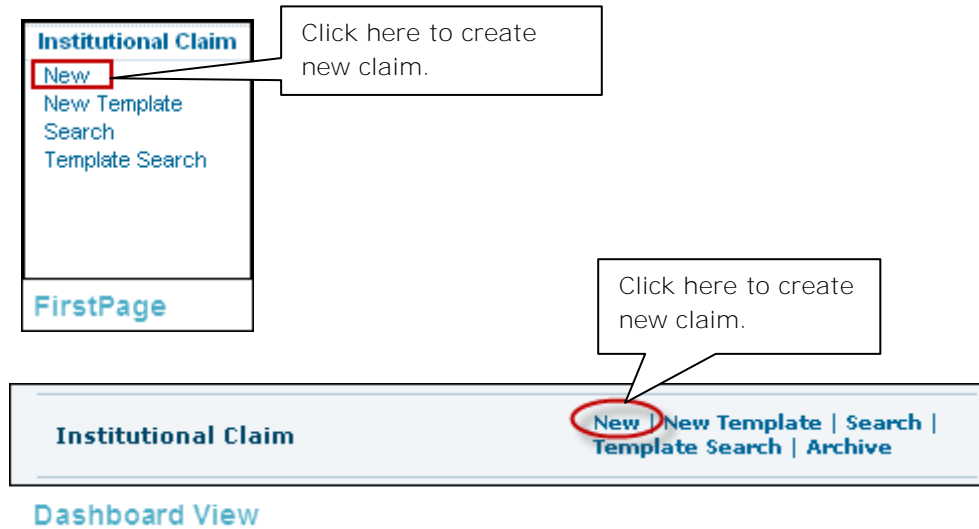
Enter comments if appropriate.

Click on 'Submit' button once you are done entering all data.

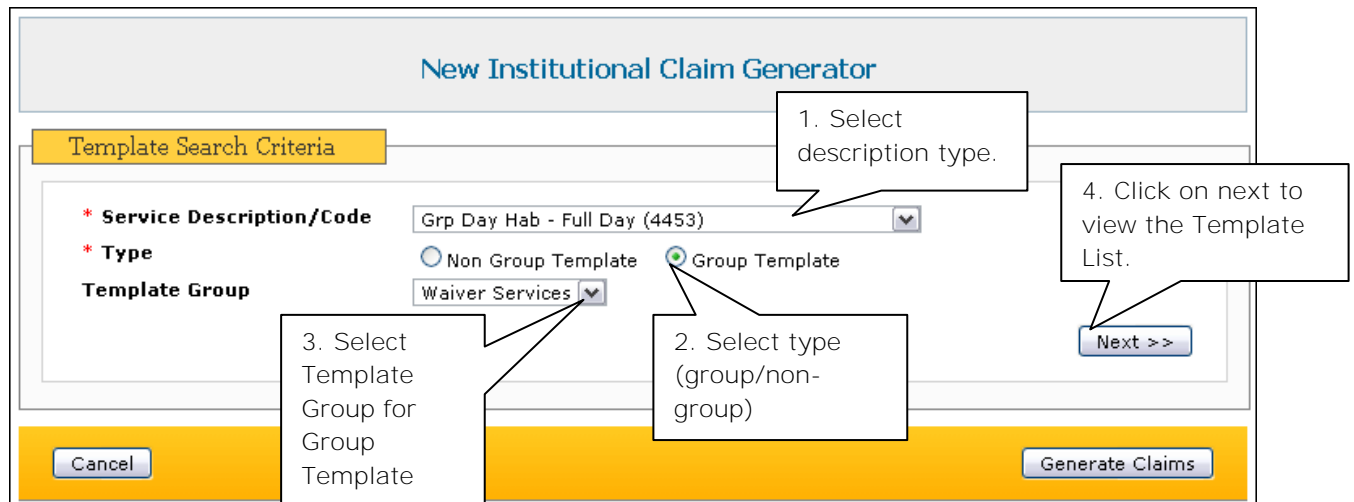
Cancel Submit

Create Claim

Once you have created a template for the claim, you will need to create the claim.



On the page that opens, select the appropriate description and type of claim template.



New Institutional Claim Generator

Template Search Criteria

* **Service Description/Code**

* **Type** Non Group Template Group Template

Template Group

Template List

Select All None	Form ID	Individual Name	Program Name	Authorization ID	Unit Rate (\$)	Procedure Modifiers
<input checked="" type="checkbox"/>	ICT-BILLNMY-9C628NHCEG	Active, Mary	1st Street Group Home	SA-BILLNMY-9BH2PNPWRT	\$182.16	- - -

Service Information

* **Service Date From**

* **Service Date To**

Add one Service Line per Claim

1. Select Individual(s) from the list that appears.

2. Enter the correct Service date.

3. Click on this button to generate claims.

If the claim is successfully generated you will receive a success message.

The following Claims have been successfully generated.

Form ID	Individual Name
ICLM-NY-9BW2QSS5SY	Mary Active