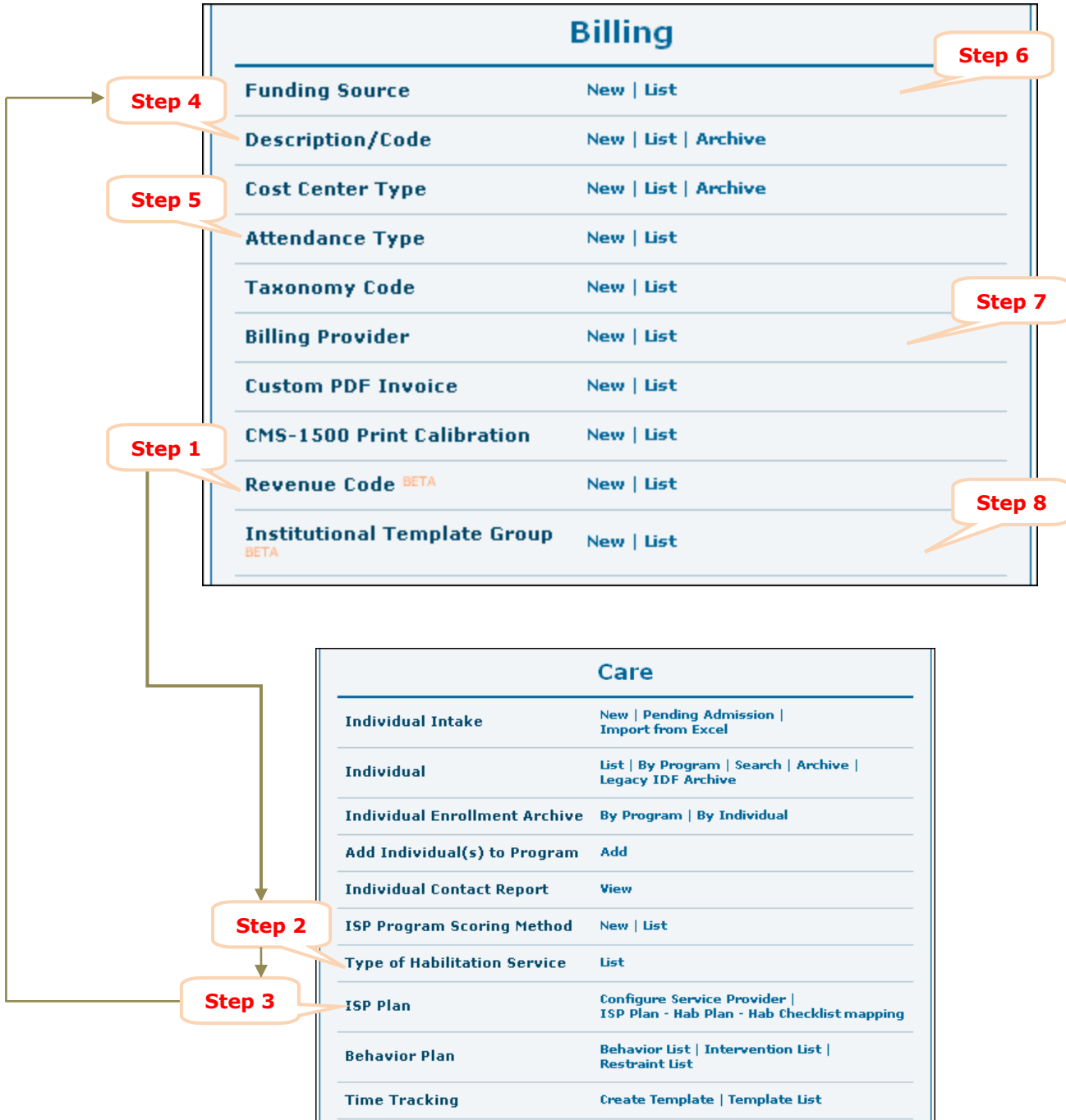# Therap Billing Module Setup (NY) – Residential Habilitation

The most important steps to setting up the Billing module are explained first.
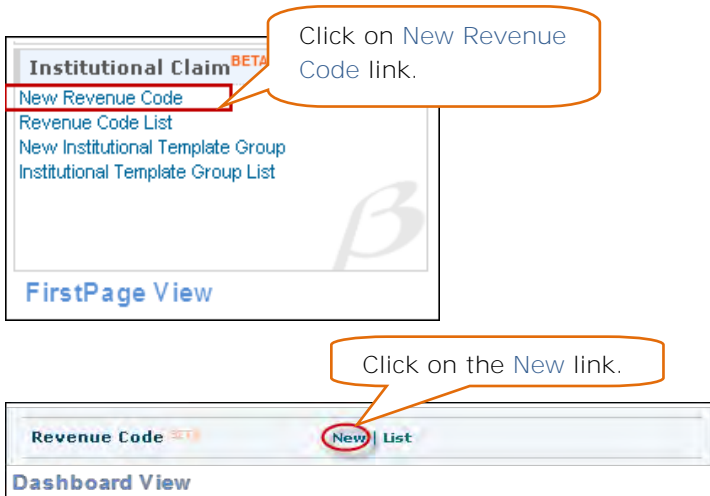
- **Create Revenue Code**
- **Create Habilitation Service Type**
- **Hab Plan Checklist mapping**
- **Create Description Code**
- **Create Attendance Type**

Billing

Funding Source	New | List	Step 6
Description/Code	New | List | Archive	Step 4
Cost Center Type	New | List | Archive	Step 5
Attendance Type	New | List	
Taxonomy Code	New | List	Step 7
Billing Provider	New | List	
Custom PDF Invoice	New | List	
CMS-1500 Print Calibration	New | List	Step 1
Revenue Code BETA	New | List	Step 8
Institutional Template Group BETA	New | List	

Care

Individual Intake	New | Pending Admission | Import from Excel
Individual	List | By Program | Search | Archive | Legacy IDF Archive
Individual Enrollment Archive	By Program | By Individual
Add Individual(s) to Program	Add
Individual Contact Report	View
ISP Program Scoring Method	New | List
Type of Habilitation Service	List
ISP Plan	Configure Service Provider | ISP Plan - Hab Plan - Hab Checklist mapping
Behavior Plan	Behavior List | Intervention List | Restraint List
Time Tracking	Create Template | Template List

Step 2 (points to Type of Habilitation Service)
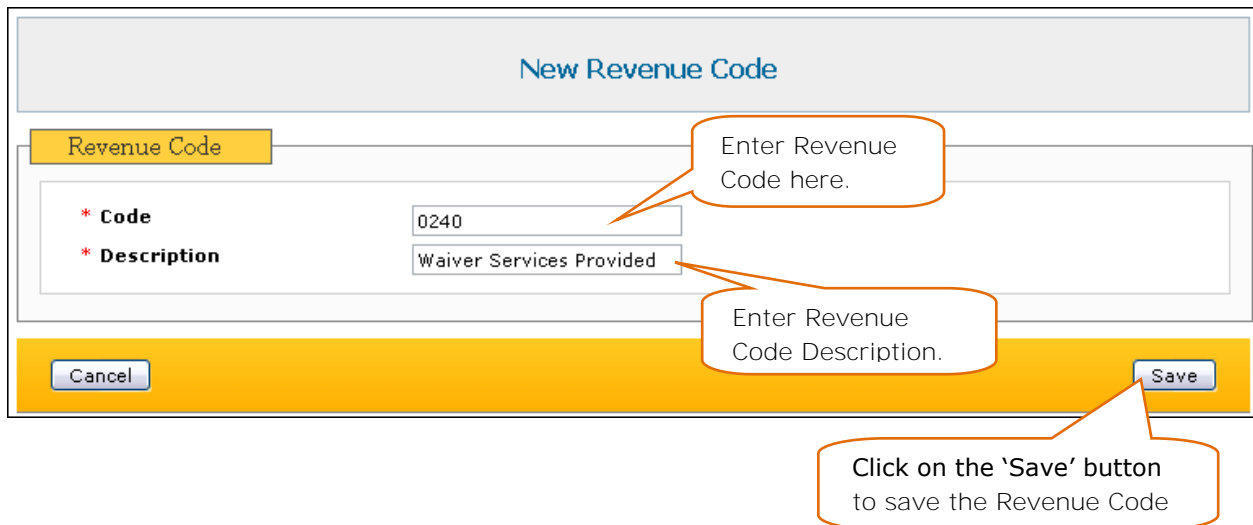Step 3 (points to ISP Plan)

Please follow the following steps 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.**

> Click on New Revenue Code link.

Institutional Claim^{BETA}
New Revenue Code
Revenue Code List
New Institutional Template Group
Institutional Template Group List

FirstPage View

> Click on the New link.

Revenue Code SETU   New | List

Dashboard View

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

New Revenue Code

Revenue Code

> Enter Revenue Code here.

* Code   0240
* Description   Waiver Services Provided

> Enter Revenue Code Description.

Cancel   Save

> Click on the 'Save' button to save the Revenue Code

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

New Revenue Code

Revenue Code

* Code   0999   Enter Revenue Code here.
* Description   Non-Billable Enter Revenue Code Description.

Cancel   Save

Click on the 'Save' button to save the Revenue Code

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.

Type of Habilitation Service

Type of Habilitation Service List

Click on this link.

FirstPage View

Type of Habilitation Service   List

Click on the List link.

Dashboard View

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

Click on this link.

c. Enter Habilitation Service name

Enter Habilitation Service name.
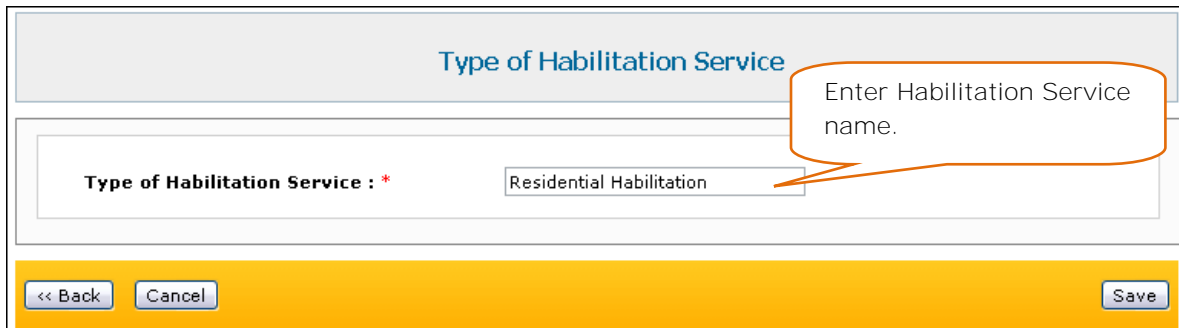
Step 3. Hab Plan Checklist Mapping

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

Click here to map ISP-Hab-Hab Checklist

ISP Plan
Configure Service Provider
ISP Plan - Hab Plan - Hab Checklist mapping
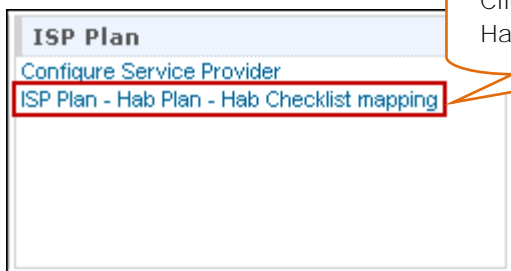
FirstPage View

Click here to map ISP-Hab-Hab Checklist

ISP Plan   Configure Service Provider |
ISP Plan - Hab Plan - Hab Checklist mapping
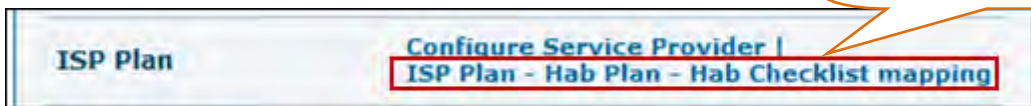
Dashboard View

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

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

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	
HCB Waiver Services	▼	Group Day Hab ▼	Group Day Habilitation ▼	Group Day Hab	▼
HCB Waiver Services	▼	Supervised IRA Res Hab ▼	Res Hab Supervised IRA ▼	HCBS IRA Res Hab	▼
HCB Waiver Services	▼	- Please Select - ▼	- Please Select - ▼	- Please Select -	▼

Choose the appropriate parameters from the drop down menu.

Step 4. Create Service Descripton/Code

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

Click on the New Description/Code

Click on New link.
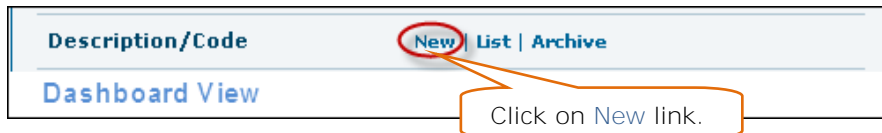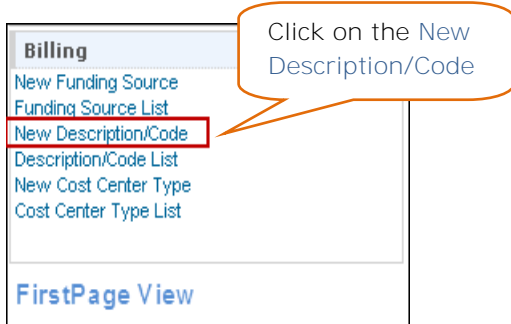
b. You will need to create Service Description Codes for the Habilitation Service type (**Res Hab**) that you created in **Step 2**.

4 Type of Service Description/Code need to be made:
- Res Hab Supervised IRA - Attendance
- Res Hab Supervised IRA – 1st Half Month
- Res Hab Supervised IRA – 2nd Half Month
- Res Hab Supervised IRA - Full Month

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

Enter **Service Code.**

Enter the **Unit Rate** for the Service

Service Description/Code

* Service Description	Res Hab Supervised IRA-Atte	Enter **Service Name**.
* Service Code	SUPRVIRA	
Unit of Measure (Label)	Month	Enter **Unit of Measure**
Unit Rate ($)	1.00	☐ Enable Tracking of Unit Rate Changes by Date Range

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

* Claim Type	○ Professional Claim ◉ Institutional Claim
Procedure Modifiers	[ ] - [ ] - [ ] - [ ]
Primary Diagnosis Code	7999
Diagnosis Code Pointer	1 - [ ] - [ ] - [ ]

Claim Type should be selected as Institutional Claim.

NY Hab Plan Validation

Hab Plan Service Type	Residential Habilitation
Service Validation Type	Select

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

Institutional Claim

* Revenue Code	Non-Billable (0999)
* Rate Code	24
* Rate Value	SUPRVIRA_
* Locator Code	003

Enter all the fields provided here.

Select Revenue Code as Non-Billable for Attendance type

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

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

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

Res Hab Supervised IRA – 1st Half Month

Service Description/Code

* **Service Description** Res Hab Supervised IRA 1st

> Enter description name (e.g. Res Hab Supported IRA – 1st Half Month

* **Service Code** 4707

Unit of Measure (Label) Semi-Monthly

Unit Rate ($) 2688.00   ☐ 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 – [ ] – [ ] – [ ]

NY Hab Plan Validation

Hab Plan Service Type Residential Habilitation

Service Validation Type 1st Half Month

> Select '1st Half Month' as Service Validation

Institutional Claim

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

> Select Appropriate Revenue Code.

* **Rate Code** 24

* **Rate Value** 4707

* **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

Res Hab Supervised IRA – 2nd Half Month

Service Description/Code

* **Service Description** — Res Hab Supervised IRA 2nd
* **Service Code** — 4708
Unit of Measure (Label) — Month
Unit Rate ($) — 2677.00   ☐ 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 description name (e.g. Res Hab Supported IRA – 2nd Half Month

NY Hab Plan Validation

Hab Plan Service Type — Residential Habilitation ▾
Service Validation Type — 2nd Half Month ▾

> Select '2nd Half Month' as Service Validation

Institutional Claim

* **Revenue Code** — Waiver Servcies Provided (0240) ▾
* **Rate Code** — 24
* **Rate Value** — 4708
* **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

Res Hab Supervised IRA – Full Month

Service Description/Code

* **Service Description** Res Hab Supervised IRA- Fu

> Enter description name (e.g. Res Hab Supported IRA – Full Month

* **Service Code** 4706

Unit of Measure (Label) Month

Unit Rate ($) 5478.00   ☐ 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 - ☐ - ☐ - ☐

NY Hab Plan Validation

Hab Plan Service Type Residential Habilitation ▼

Service Validation Type Full Month ▼

> Select 'Full Month' as Service Validation Type.

Institutional Claim

* **Revenue Code** Waiver Servcies Provided (0240) ▼

* **Rate Code** 24

* **Rate Value** 4706

* **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

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

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
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑
			- Please Select -	☑

Bundle Rules
☐ Use Bundle Rules

Cancel   Save   Save And Create New

For Residential Day Hab Services you will need to select the 'Use Time In/Out for calculating billable unit' field as 'No'

Enter the name of the Attendance type (e.g. **Residential Services**)

| * Type Name | Residential Services |
| * Use Time In/Out for calculating billable unit | ○ Yes ● No |

Select the option as 'No'

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	1	0240	☑
Absent- Leave with Family	L	0	0999	☐
Hospital	H	0	0999	☐
			- Please Select -	☑
			- Please Select -	
			e Select -	
			e Select -	
			e Select -	
			e Select -	
			e Select -	☑

Click on the checkbox to make the Option billable.

Enter **Option Name** as appropriate.

Enter **Option Code** as appropriate.

Billing Units field needs to be entered.

Enter **Revenue Code** accordingly.

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

Bundle Rules

☐ Use Bundle Rules

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

Select the 'Monthly' option

Selecting the 'Monthly' option opens up other options.

Billable Units and **Bundle Code** fields are non editable.

Bundle Code:
- None
- **1HM** – 1st Half Month
- **2HM** – 2nd Half Month
- **FM** – Full Month

Bundle Rules Explanation:

If a **service** has a **minimum time** range of **0-10 days** the service **will not be billable**.

A **1st Half Month** Service will need to have a **minimum time** range of **11-21 days** and at least **1 Face to Face Count per Day**.

A **2nd Half Month** Service will need to have a **minimum time** range of **11-21 days** and at least **1 Face to Face Count per Day**.

A **Full Month** Service will need to have a **minimum time** range of **21-30 days** and at least **1 Face to Face Count per Day**.

Select Service Description Codes accordingly.

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

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.

Click on the New Funding Source link.

Click on the New link.

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
	Zip: xxxxx or xxxxx-xxxx
County	

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

Contact Information

Title			
* First Name	Claim	*** Last Name**	Information
Phone		**Ext**	
	Phone: xxx-xxx-xxxx or xxxxxxxxxx		
Fax		**Email**	
	Fax: xxx-xxx-xxxx or xxxxxxxxxx		

Electronic Billing

* Payer   Select
Select
NYSDOH
Manual Billing

> Select **NYSDOH** as the Payer

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

Cancel   Save   Save And Create New

> 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.

Click on the 'New Billing Provider' **link.**

Click on the 'New' **link.**
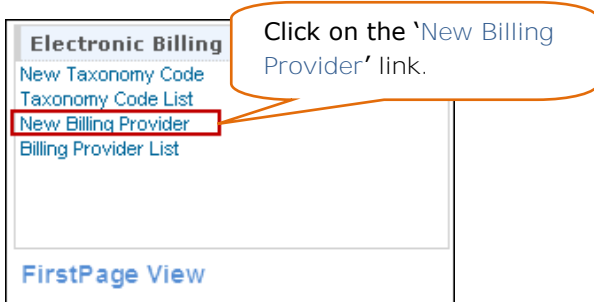
b. Billing Provider information will be used when generating and sending claims to State Medicaid (NYDOSH).

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

Enter all fields marked with the red asterisks (*)

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

Select **Entity** as Non Person.

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

Enter Medicaid Provider Number.

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

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

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

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

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

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.

Institutional Claim^BETA
New Revenue Code
Revenue Code List
New Institutional Template Group
Institutional Template Group List

FirstPage View

Click on the '*New*' link

Institutional Template Group New | List
BETA
Dashboard View

Enter new Institutional Template Group details:

New Institutional Template Group

Institutional Claim Group

Enter **Name** of the template Group.

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

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

Enter **Description** for the template group.

Cancel   Save

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Regular User Specific Section:

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   New | Search | Archive

Dashboard View

Click on the New link to create a new Service Auth

If Service Authorization form is **saved**, they come to Worklist and counts will be shown.

Service Authorization
New
Worklist
Approve
Search

Click on 'New' link to create a new Service Authorization form.

If Service Authorization forms are **submitted** they come to Approve section and counts will be shown.

Click here to search for Service Authorization forms.

FirstPage View

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

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

Service Authorization Information

Select correct **Funding Source**

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

This is not Prior Authorization Number.

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

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

Service Coordinator

Organization/Agency	
First Name	
Last Name	
Service Coordinator Number	
Phone Number	
Extension	

Phone: xxx-xxx-xxxx or xxxxxxxxxx

Service

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

Service Code	Service Descr	Remaining Units	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Method of Data Collection	Action

Add Service

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 4 types of Service:

a. Res Hab Supervise IRA-Attendance **–** Method of Data Collection: Attendance

b. Res Hab Supervise IRA 1st Half Month- Method of Data Collection: Billing Data

c. Res Hab Supervise IRA 2nd Half Month**–** Method of Data Collection: Billing Data

d. Res Hab Supervise IRA Full Month**–** Method of Data Collection: Billing Data

Service

Select Service Description for Attendance type Res Hab.

* **Service Description/Code**   Res Hab Supervised IRA-Attendance/SUPRVIRA
* **Unit of Measure (Label)**   Month

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.

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

* **Total Billable Units**   9999999
* **Unit Rate ($)**   1.00
Total Authorized Amount ($)   9999999.00   ‹‹ Calculate Total Authorized Amount

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

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   Residential Services -- Time In/Out not required ▾
Supporting Document   Add ISP Program

Select the appropriate Attendance Type from the dropdown menu.

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

Authorized Units Per Period

Period   **Units**
Select ▾   ☐

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

Specify Authorized Units per Month to get Monthly Utilization Report.

Cancel   Save

Cancel | Save

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
SUPRVIRA	Res Hab Supervised IRA-Attendance	Month	$1.00	9999999.00	9999999.00	- - -	7999	1- - -	Attendance	Update Delete

Add Service

Add First, Second and Full Month Services.

Notification Level

Notify before [Select] days of expiry.

Notify when [Select] % of total unit left.

Create the other 3 services in the same procedure as explained above.

For First Half Month, Second Half Month and Full Month Service select the '**Method of Data Collection**' field as '**Billing Data Input**'

Make sure all four 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
SUPRVIRA	Res Hab Supervised IRA-Attendance	Month	$1.00	999999.00	999999.00	- - -	7999	1- - -	Attendance	Update
4706	Res Hab Supervised IRA- Full Month	Month	$5478.00	99999.00	99996.00	- - -	7999	1- - -	Billing Data Input	Update
4707	Res Hab Supervised IRA 1st Half Month	Month	$2688.00	99999.00	99999.00	- - -	7999	1- - -	Billing Data Input	Update
4708	Res Hab Supervised IRA 2nd Half Month	Month	$2677.00	99999.00	99999.00	- - -	7999	1- - -	Billing Data Input	Update

Add Service

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

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Notification Level

Notify before [Select ▼] days of expiry.

Notify when [Select ▼] % of total unit left.

Select Number of Days to receive notification before the Service Auth expires.

Select percentage of units left for which notification will be sent.

Attachment(s)

[Add] [Scan]

Click on 'Add' button to add external files.

Click on 'Scan' button to scan and attach external files.

Comments

Comments

3000 characters left

Click on 'Approve' button to approve the Service Auth form.

[Cancel]   [Save] [Submit] [Approve]

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

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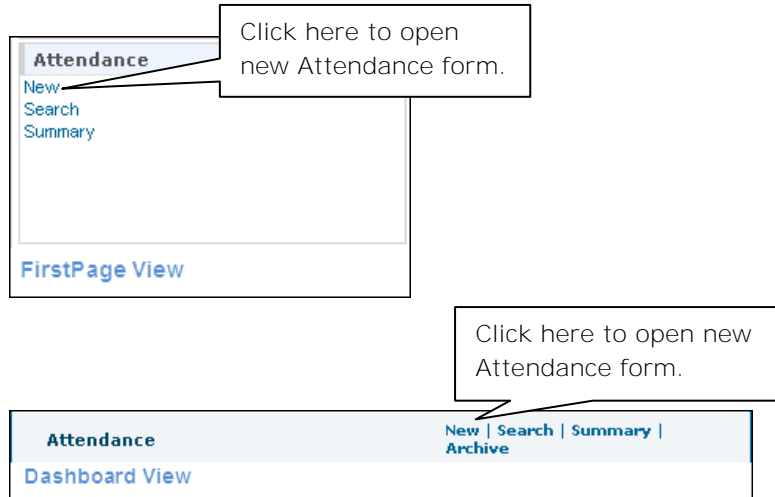
You will require the Billing Attendance Role to collect data for attendance.

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 (*).

Attendance Data Search

Select all the required fields. Select the Service date for which you want to put the Attendance data.

* **Program (Site)**
1st Street Group Home (Test Site)

* **Service Description (Code)**
Res Hab Supervised IRA-Attendance (SUPRVIRA)

* **Attendance Type**
Grp Day Hab Services
Res - Supervised IRA

Individual First Name

Individual Last Name

* **Service Authorization Status**   Approved

* **Start Date**   09/01/2011   * **End Date**   09/30/2011

Cancel   Search

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

Input Mode   Upd   e Billing data

Select Attendance Options from here.

* **Attendance Options:** Present   **General Comment:**

Time In:

Time Out: 350 characters left

Service Provider: - Please Select -

Select All ☐ Blank

Individual Name	☐ 1 Sat	☐ 2 Sun	☐ 3 Mon	☐ 4 Tue	☐ 5 Wed	☐ 6 Thu
☑ Active, Mary	☑	☑	☑	☑	☑	☑
☑ Blue, Bill	☑	☑	☑	☑	☑	☑

Individual List

Click here to record Attendance Data for the given date.

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

Click here to go back to the search page.

Click here to cancel entering data

Click here to submit the Input data

On submitting you will receive a success message.

Success Message

Successfully Saved

Input Mode | **Update/Approve Mode** | **Generate Billing data**

* **Attendance Options:** - Please Select -

Time In:

Time Out:

General Comment:

350 characters left

Service Provider: - Please Select -

Select All ☐ Blank

Individual Name	☐ 1 Sat	☐ 2 Sun	☐ 3 Mon	☐ 4 Tue	☐ 5 Wed	☐ 6 Thu
☐ Active, Mary	P	P	P	P	P	P
☐ Blue, Bill	P	P	P	P	P	P

Click here to update the Attendance Data.

Updating the Attendance Data

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

Input Mode | **Update/Approve Mode** | **Generate Billing data**

Select All ☑ In Prep

Individual Name	☑ 1 Sat	☑ 2 Sun	☑ 3 Mon	☑ 4 Tue	☑ 5 Wed	☑ Th
☑ Active, Mary	☑ P	☑ P	☑ P	☑ P	☑ P	☑ P
☑ Blue, Bill	☑ P	☑ P	☑ P	☑ P	☑ P	☑ P

Click here to view the excel sheet for the entered Attendance data.

Click on the checkbox to update the Attendance Data for the given date.

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

Click on the 'Approve' button to approve the Attendance 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.

Face to Face count pulled from ISP Data

The number of days (in current month) the individual was enrolled for the selected Program (only for Residential Services)

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.

Discrepancy – The discrepancies may occur due to mismatched Face to Face counts.

For generating Billing Data, **Full Month** must be selected as Date Range in the Search Page.

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

Click here to generate the Billing Data.
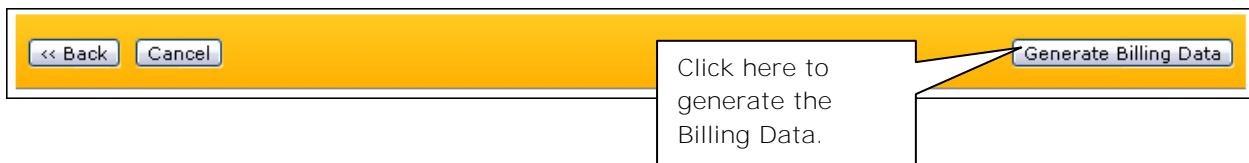
No Billing Data will be generated if there is no valid ISP Plan available for the particular Residential Hab.

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 **Supervised** or **Supportive IRA** programs, a Billing Data will be generated for the whole month.
If a Service is provided for the *First Half* of a Month (e.g. May) the Billing Data for that service will be generated in the first day of the following month (1st of June).
For Services provided in the *Second Half* of a Month the Billing Data for that service will be generated in the second day of the following month (2nd of June).

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

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

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Provider Information

Select appropriate Billing Provider.

* **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

Enter as appropriate.

* **Principal Diagnosis**	7999
Admitting Diagnosis	

Service Link

Select the Residential Services.

Select	Program Name	Authorization ID	Service Description (Code)	Unit Rate ($)	Procedure Modifiers
☐	1st Street Group Home	SA-BILLNNY-7E53A3RWPT	Grp Day Hab - Half Day (4454)	$1.00	- - -
☐	1st Street Group Home	SA-BILLNNY-89N2RLK9K4	Group Day Hab - Attendance (GDH)	$1.00	- - -
☑	1st Street Group Home	SA-BILLNNY-88P4KJEUML	Res Hab Supervised IRA 1st Half Month (4707)	$2688.00	- - -
☑	1st Street Group Home	SA-BILLNNY-88P4KJEUML	Res Hab Supervised IRA 2nd Half Month (4708)	$2677.00	- - -
☑	1st Street Group Home	SA-BILLNNY-7EH3PBTL3E	Res Hab Supervised IRA- Full Month (4706)	$5478.00	- - -
☐	1st Street Group Home	SA-BILLNNY-88P4KJEUML	Res Hab Supervised IRA-Attendance (SUPRVIRA)	$1.00	- - -

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Enter comments if appropriate.

Comments	

3000 characters left

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

Cancel   Submit

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Create Claims

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

Institutional Claim
New
New Template
Search
Template Search

Click here to create new claim.

FirstPage

Institutional Claim   New | New Template | Search | Template Search | Archive

Click here to create new claim.

Dashboard View
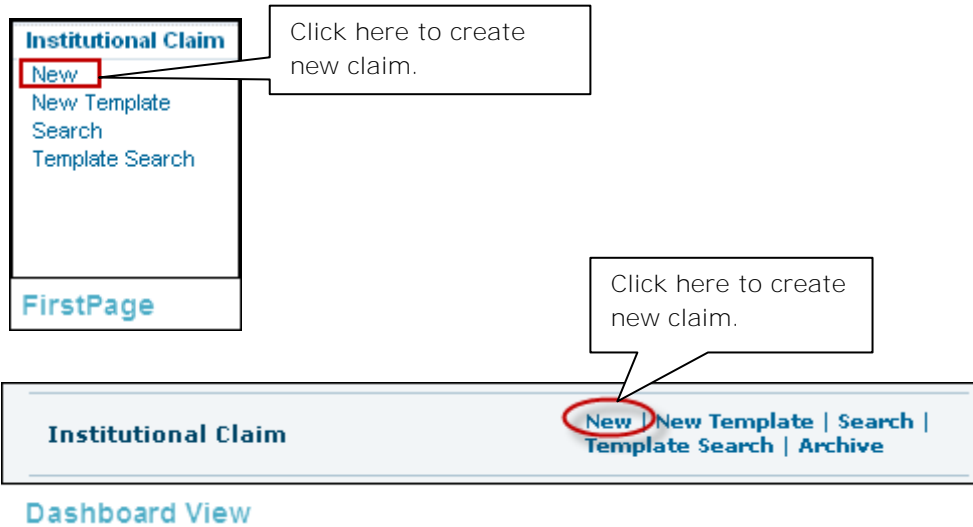
On the page that opens, select the appropriate description and type of claim template
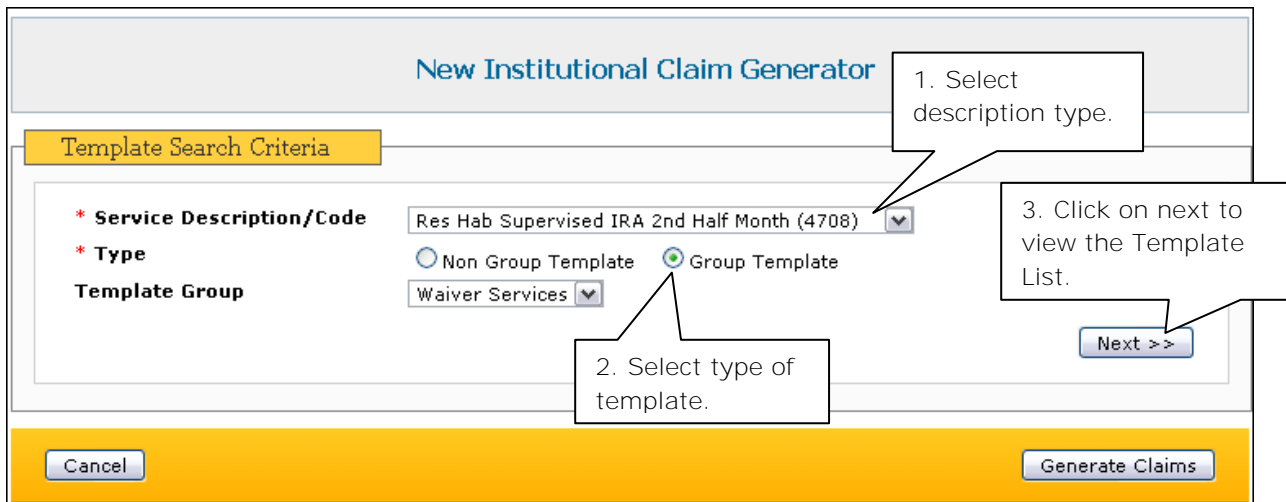
New Institutional Claim Generator

Template Search Criteria

* **Service Description/Code**	Res Hab Supervised IRA 2nd Half Month (4708)
* **Type**	○ Non Group Template ● Group Template
Template Group	Waiver Services

1. Select description type.

3. Click on next to view the Template List.

Next >>

2. Select type of template.

Cancel   Generate Claims

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New Institutional Claim Generator

Template Search Criteria

* **Service Description/Code**   Res Hab Supervised IRA 2nd Half Month (4708)
* **Type**   ○ Non Group Template   ● Group Template
Template Group   Waiver Services

Next >>

Template List

Select All None	Form ID	Individual Name	Program Name	Authorization ID	Unit Rate ($)	Procedure Modifiers
☑	ICT-BILLNNY-9BW2MGGCYG	Active, Mary	1st Street Group Home	SA-BILLNNY-9BW2LJHNAB	$2677.00	- - -

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

Service Information

* **Service Date From**   09/01/2011
* **Service Date To**   09/30/2011
Add one Service Line per Claim ☑

2. Enter the correct Service date.

3. Click on this button to generate claims.

Cancel   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

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