AssuriCare

CareWhen Training

Billing Setup

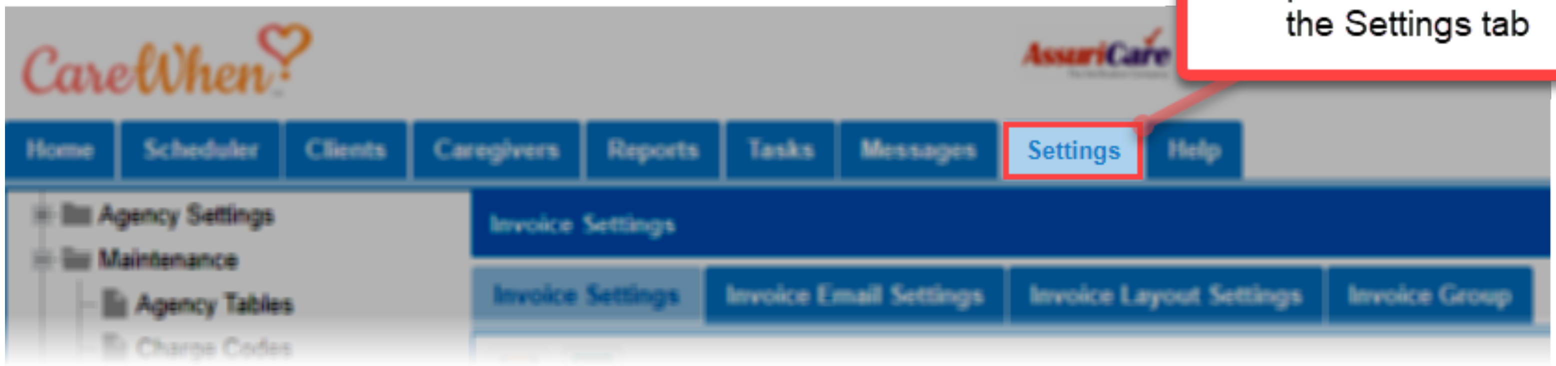
CareWhen Billing Setup

This training will provide an overview of the steps required to properly setup billing settings for a new agency within CareWhen.

When setting up a new Agency in CareWhen, a framework for Billing settings should be established early on, followed by a more thorough dive into options and settings specific to your Agency once the basics have been established.

Note: As billing options vary from Agency to Agency, please refer to the CareWhen Product Guide for more specific breakdowns of each option when needed and contact your AssuriCare representative for help if necessary.

All Billing and Invoicing setup is conducted from the Settings tab



CareWhen Billing Setup – Overview

Setup of billing options within CareWhen involves touching on three primary settings areas. When establishing these settings, setup should occur in the following order:

Charge Codes: Used to create default rate templates specific to different types of care that will be required for billing. Custom charge codes may be set on a client level and an insurance company level.

Payors: Used to establish parties responsible for payment for a given set of services. Payors can include entities such as Medicaid, Private Insurers, and VA.

Insurance Companies: Used to add insurance providers that will display under Billing settings for each Client.

Charge Codes → Payors → Insurance Companies

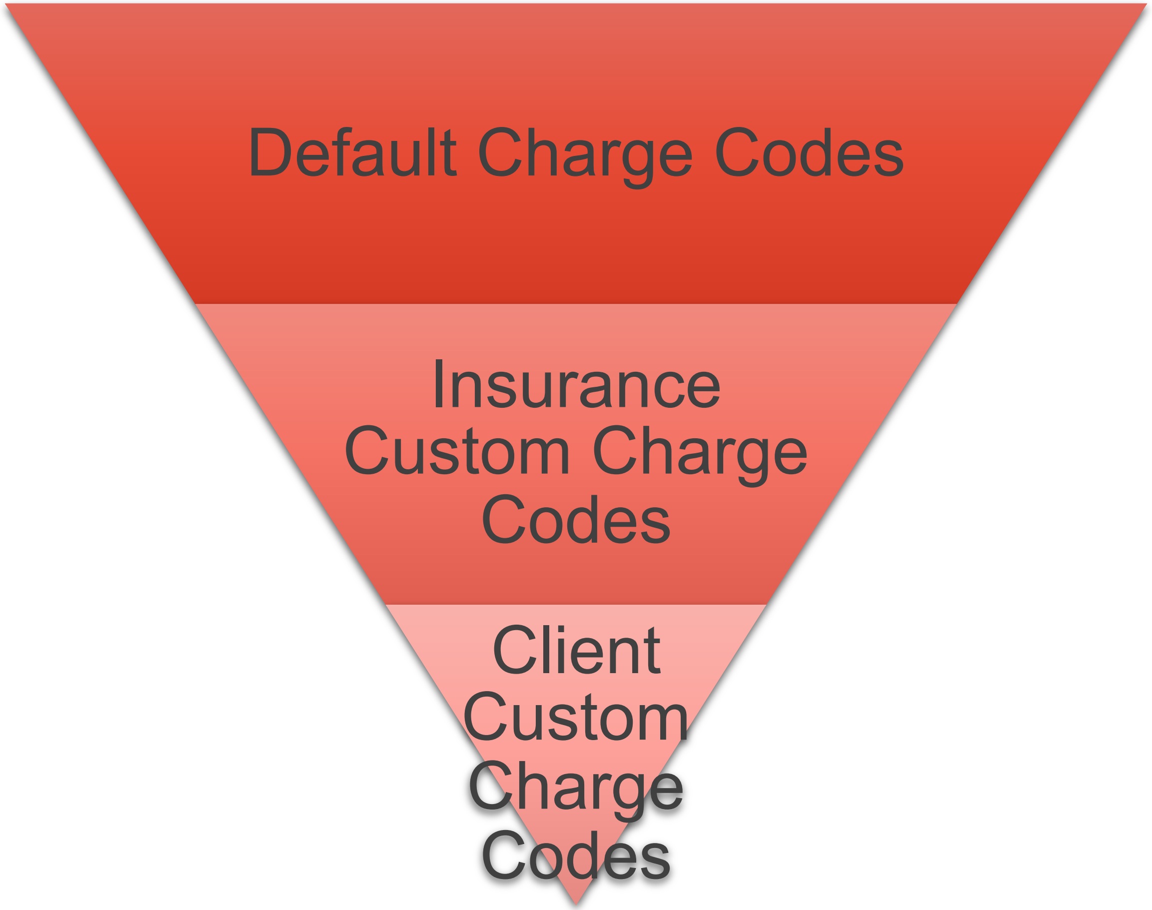
CareWhen Billing Setup – Overview

Understanding Charge Code Hierarchy

Charge Codes within CareWhen work in a hierarchy, beginning with default codes set in the previous page. If used, custom codes applied at both the individual client level (referred to as Fees) and insurance company levels will supersede the default codes.

For Example…

- If services are rendered for a Client with custom charge codes, the custom charge codes would be used for billing.
- If a Client does not utilize custom charge codes, but their insurance company does, the insurance charge code would be used.



CareWhen Billing Setup – Overview

Understanding Payors vs. Insurance Companies

As they function as the foundation of billing within the system, it is important to understand the relationship between Payors and Insurance Companies.

A Payor can be a single entity (such as an Insurance Company or Private Pay), or an umbrella group that houses multiple Insurance Company entries (such as “Miscellaneous Insurance” covering multiple companies).

If a Payor is a single Insurance Company, all required information for that company must be entered on the Payors tab and the Insurance Companies tab.

Payors	Private Pay	Insurance Company	Medicaid
Insurance Companies		Insurance Company	Medicaid

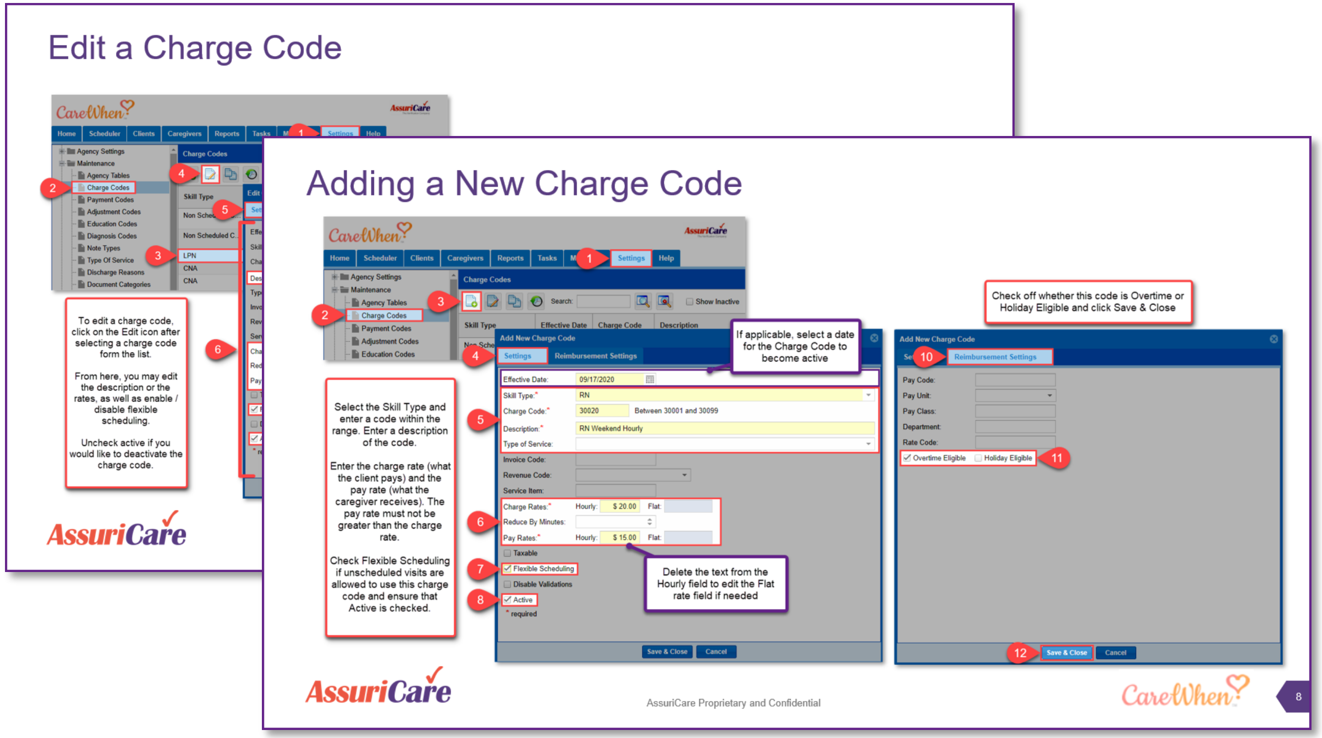
Advanced Tip: An umbrella Payor can be used to house multiple Insurance Companies for specific reporting purposes.

CareWhen Billing Setup – Overview

Adding Charge Codes

Charge Codes are default rate templates that are grouped by Skill Types that function as the basis of all billing within CareWhen. Later in the setup process, custom charge codes can be added at both a client and insurance company level.

When filling in initial billing settings, the first step is to ensure that Agency charge codes have been added. These are setup from the Charge Code maintenance table under Settings.



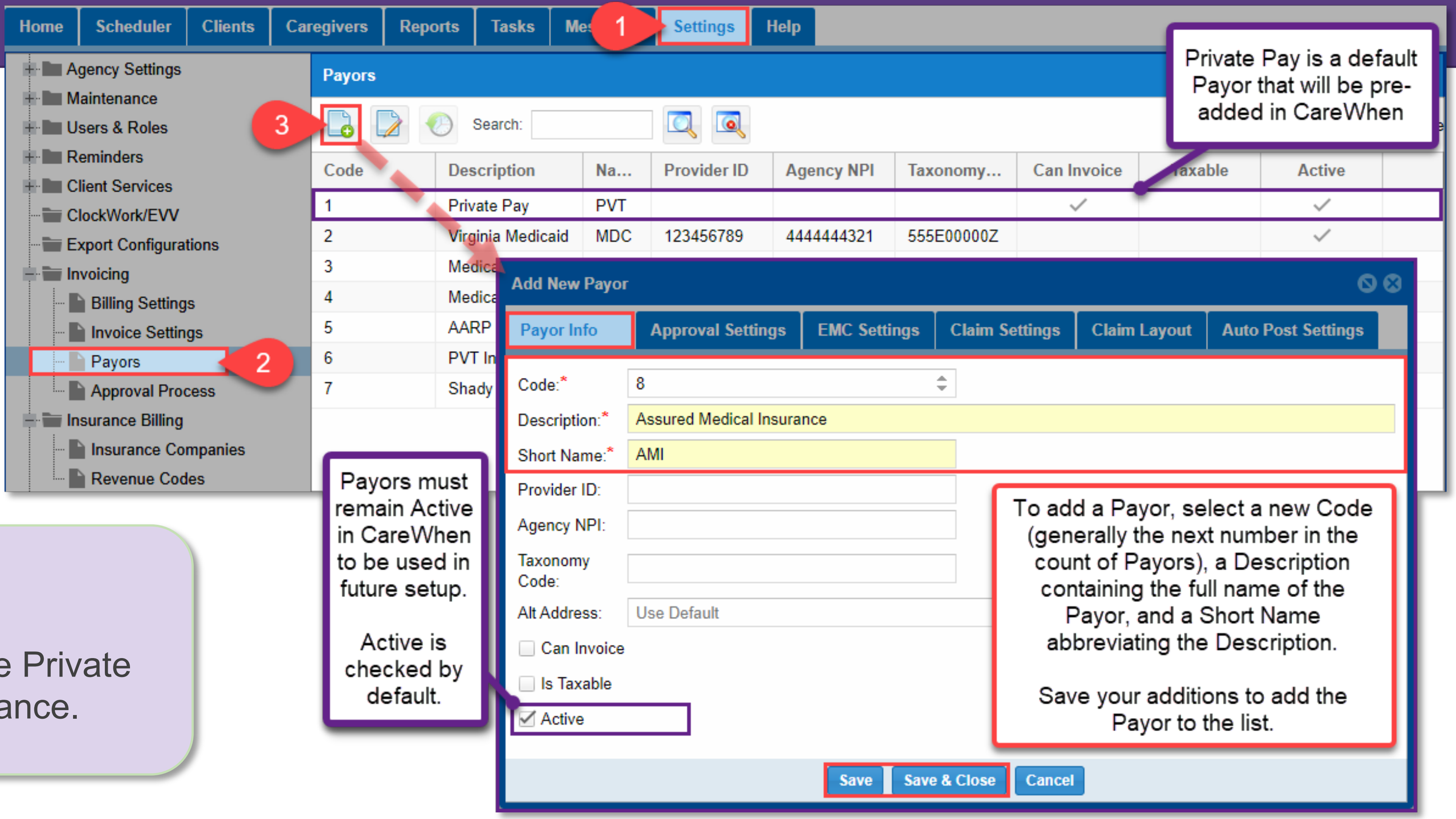
For More Information

- The complete process of adding and editing Charge Codes is covered in the **CareWhen Foundations** training guide.

CareWhen Billing Setup – Overview

Adding Payors

Payors in CareWhen represent responsible parties that will pay for a given set of services. These are added from the Payors tab found under Invoice Settings, where Agencies should add all sources that they expect to receive payments from.



For Example…

- Common examples of Payors are Private Pay, Medicaid, and Private Insurance.

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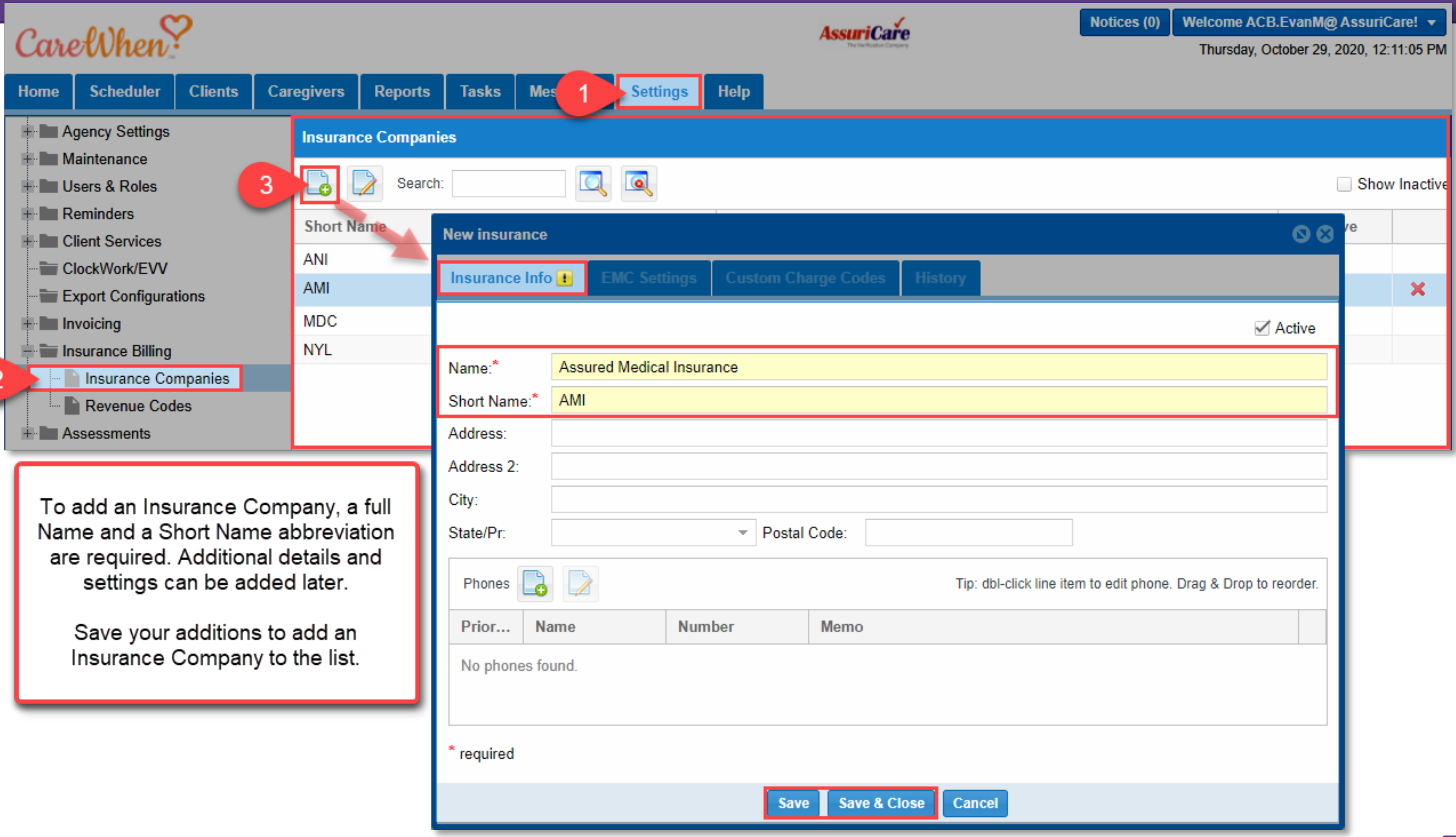
CareWhen Billing Setup – Overview

Adding Insurance Companies

The Insurance Companies area, found within the Insurance Billing tab, is used to input all managed care providers that the Agency will use for insurance billing purposes.

Note: As outlined previously, an Insurance Company can be the same as a Payor.



To add an Insurance Company, a full Name and a Short Name abbreviation are required. Additional details and settings can be added later.

Save your additions to add an Insurance Company to the list.

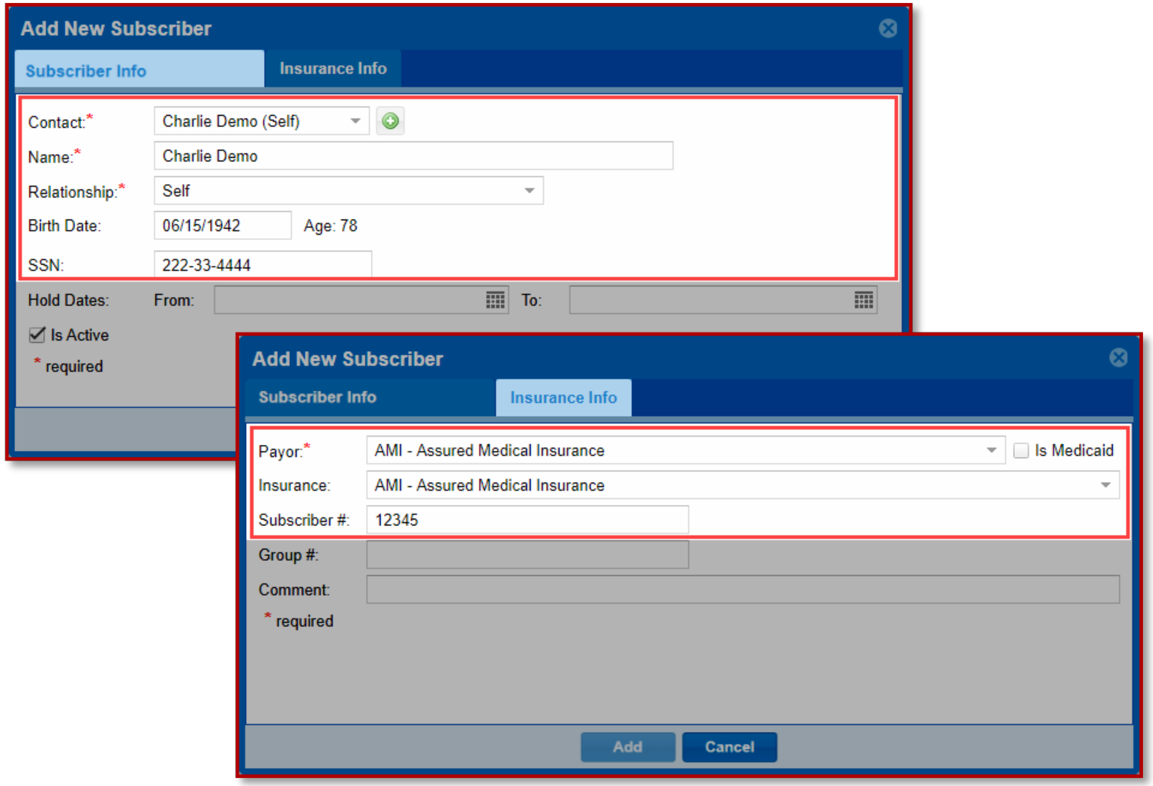
CareWhen Billing Setup – Overview

Subscribers

Subscribers are set up on the Client record to assign the appropriate Payor to any visits created. They are set up in Client Settings from the Billing tab. Common examples of Subscribers are:

- Private Pay
- Private Insurance Company (pictured)
- Medicaid

Reference the Client examples in this training to learn about setup for each common Subscriber type.



Client Examples

The following pages will outline three client examples. For these examples, each client will utilize different billing methods within CareWhen.

The billing settings required to meet their billing needs will be outlined and discussed, as well as client-specific settings required to utilize the billing settings that have been established.

Martha

Private Pay

Charlie

Private Insurance

Katherine

Medicaid

Martha – Private Pay

Martha's CareWhen Billing Needs:

Martha will represent a common billing scenario within CareWhen. She will be receiving hourly services from a Home Health Aide and plans to pay for these services directly via the Private Pay option. Since she pays her caregiver more than the default rate, she will be using a custom charge code.

Charge Codes

- Homemaker Hourly - $10
- Client custom charge code* - $15

Payors

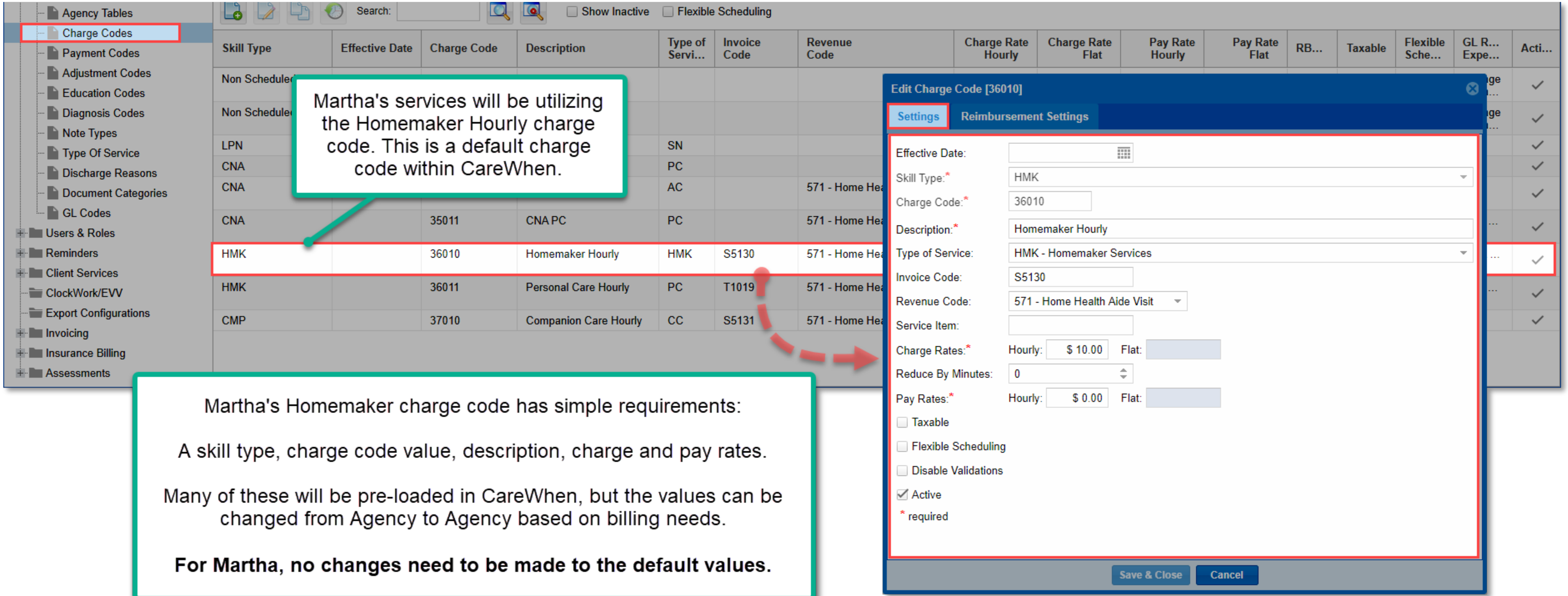
- Martha will be using the Private Pay payor option.

Insurance Companies

- As Martha plans to utilize Private Pay for her care needs, no Insurance Company is needed.

* Denoted as a "Fee" under Client Settings

Charge Codes | Payors | Insurance Companies



Martha's services will be utilizing the Homemaker Hourly charge code. This is a default charge code within CareWhen.

Martha's Homemaker charge code has simple requirements:

A skill type, charge code value, description, charge and pay rates.

Many of these will be pre-loaded in CareWhen, but the values can be changed from Agency to Agency based on billing needs.

For Martha, no changes need to be made to the default values.

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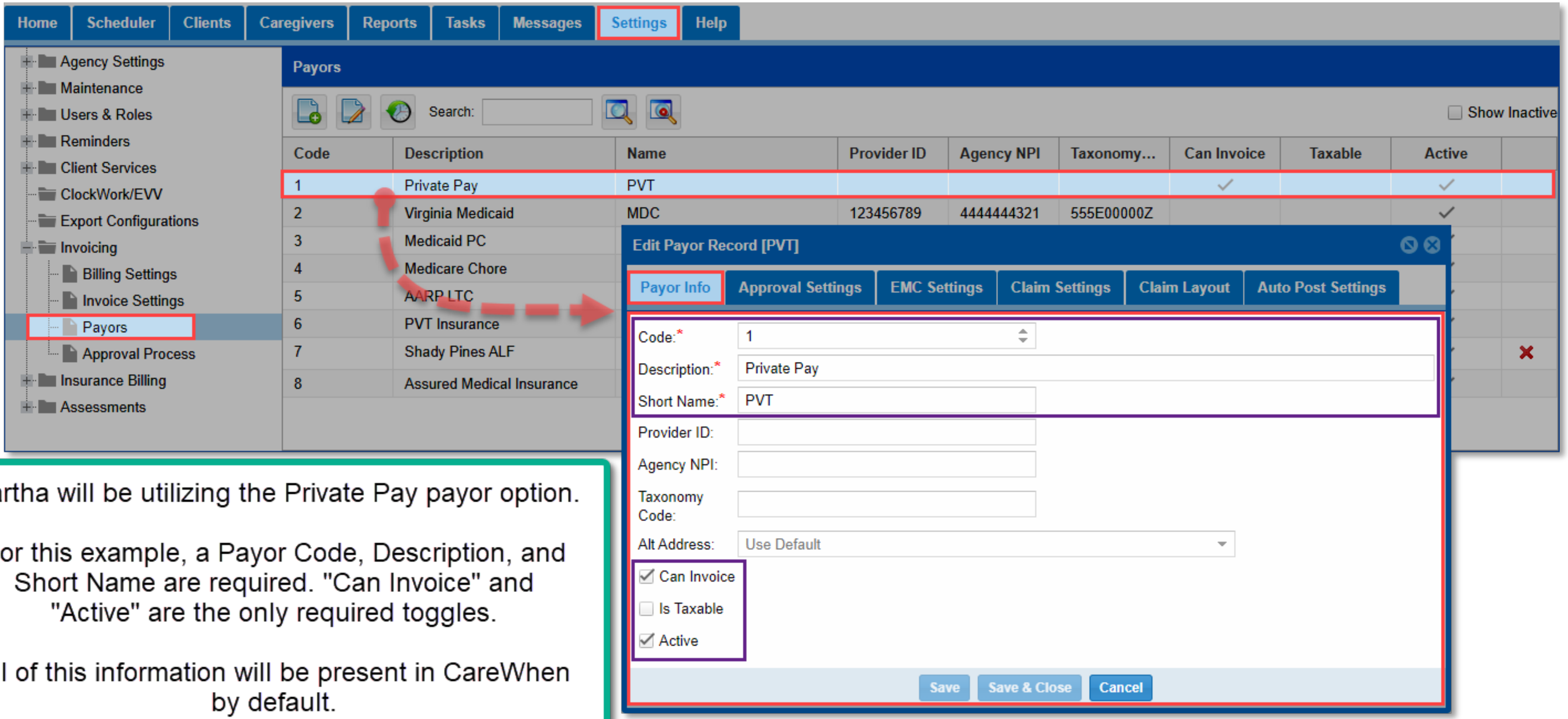
Charge Codes

Payors

Insurance Companies



Martha will be utilizing the Private Pay payor option.

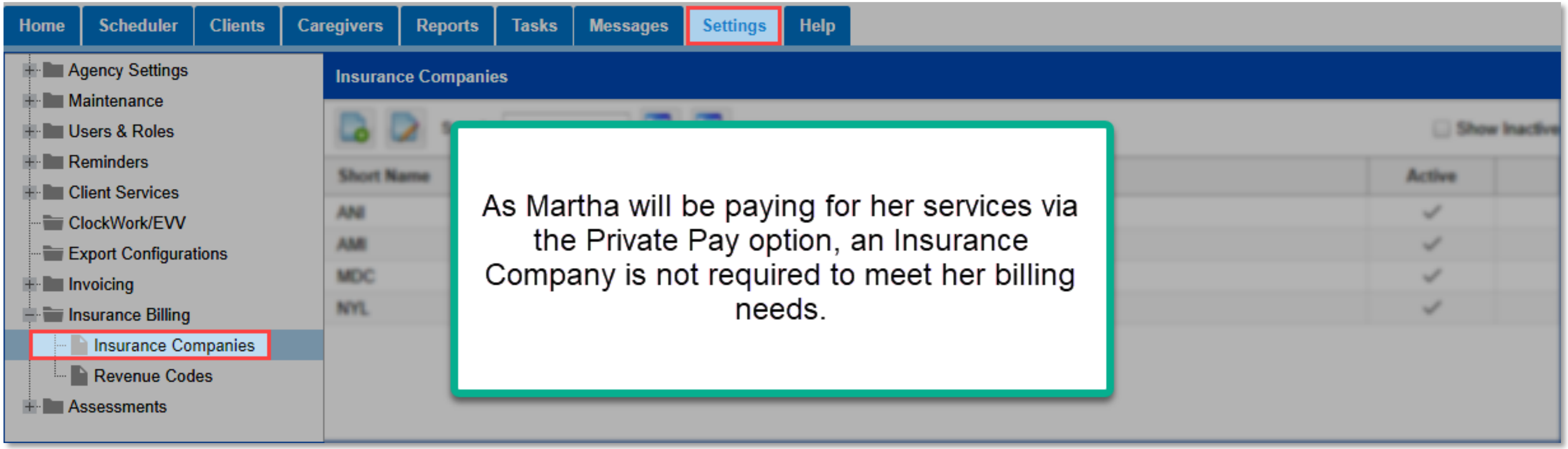
For this example, a Payor Code, Description, and Short Name are required. "Can Invoice" and "Active" are the only required toggles.

All of this information will be present in CareWhen by default.

Charge Codes

Payors

Insurance Companies

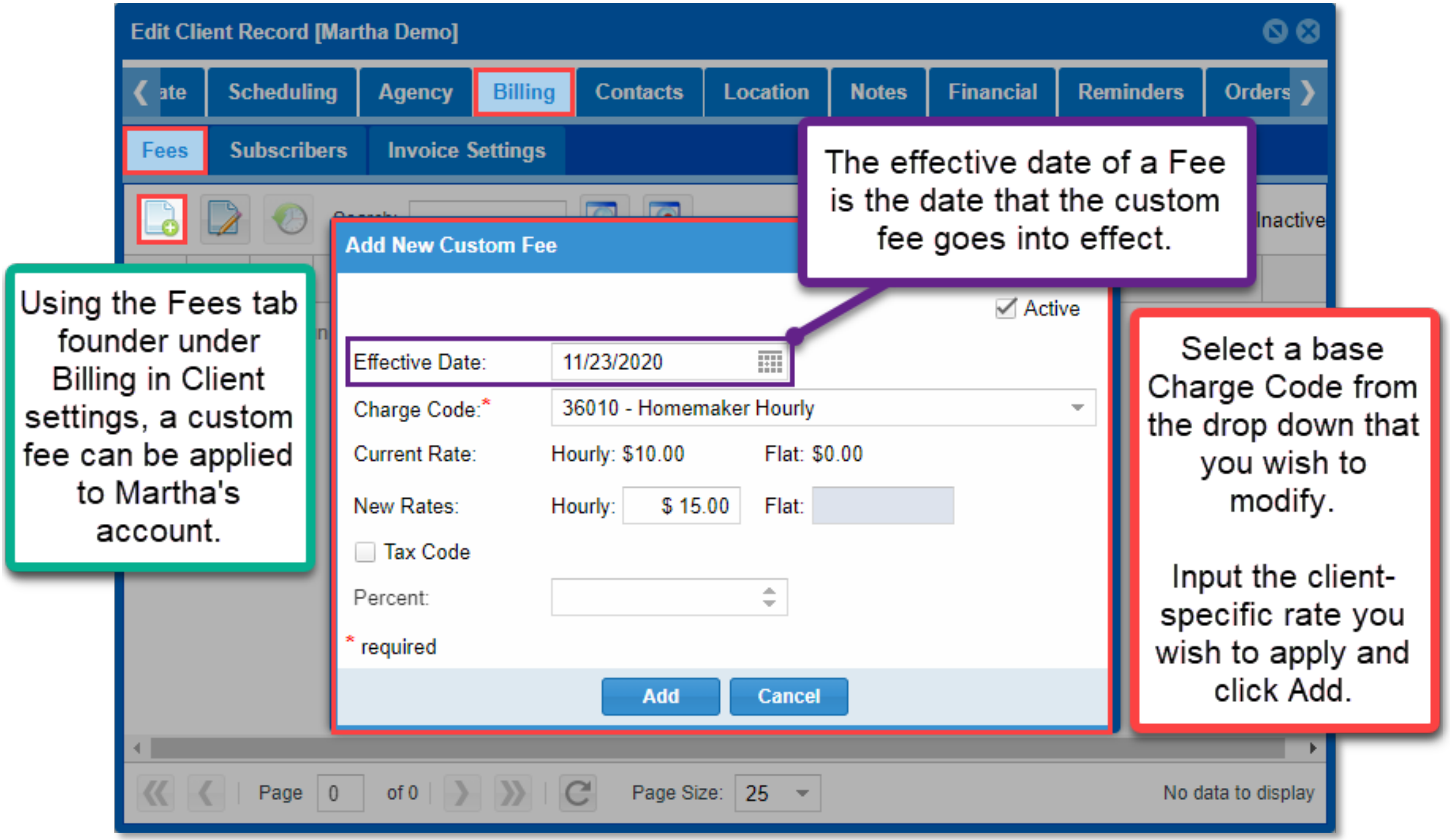


As Martha will be paying for her services via the Private Pay option, an Insurance Company is not required to meet her billing needs.

Martha's Client Settings – Fees

Additional setup is required on a client-by-client basis to custom tailor Agency billing settings to their needs. First, let's setup Martha's previously mentioned custom charge code. Custom client charge codes are entered in as Fees from the Billing tab under Client Settings.

As mentioned in the hierarchy, the modifiers in a custom charge code will supersede the Agency's default code values.



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Charge Codes

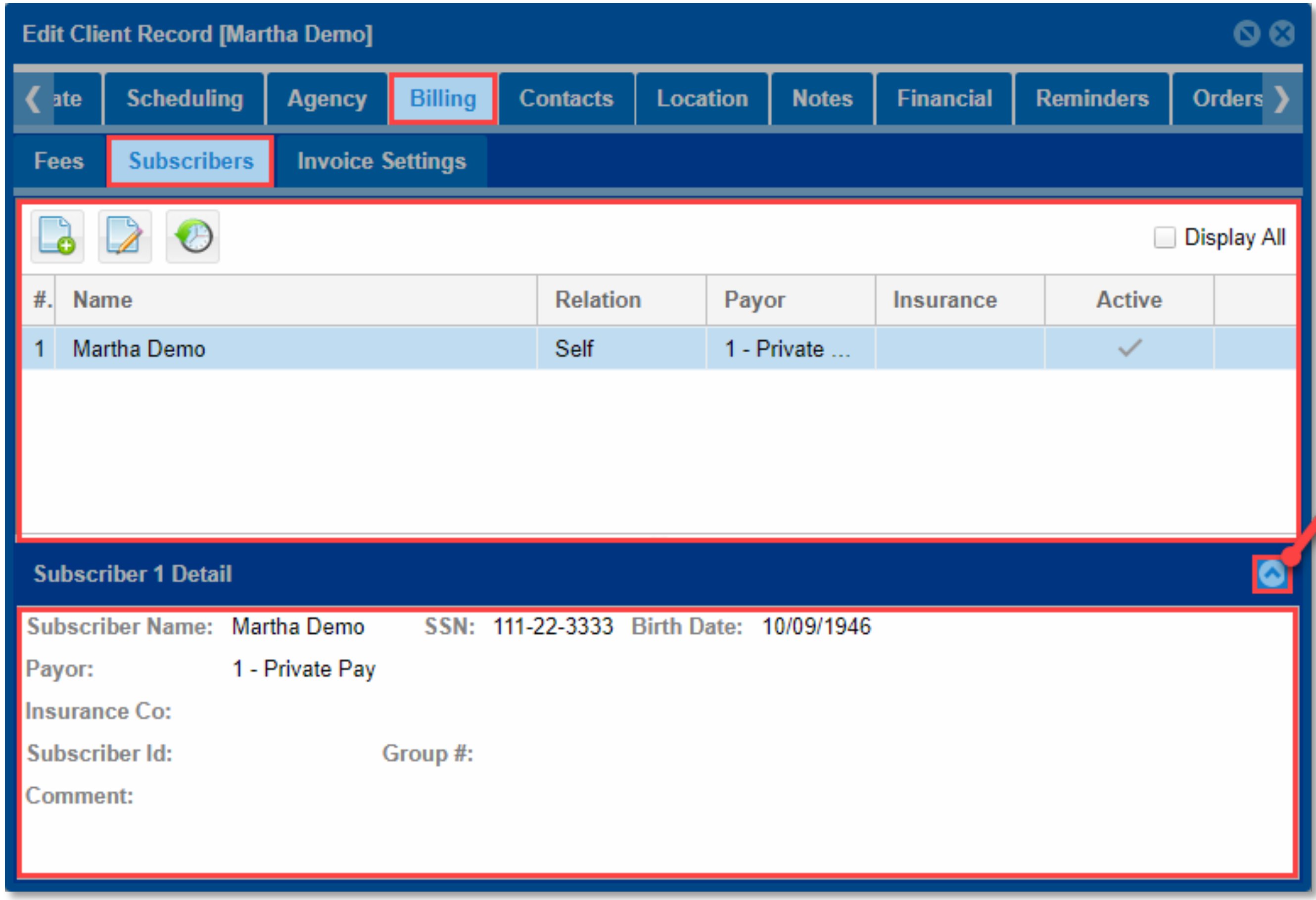
Payors

Insurance Companies

Martha's Client Settings – Subscribers

The Subscribers tab under Billing is used to manage client-specific entities responsible for payments. These can be private pay individuals, Medicaid, or insurance companies.

Martha, utilizing private pay, will serve as the sole subscriber. Private Pay subscribers are added by default within CareWhen, so no changes are needed on this page.



Click the expand icon to reveal additional Subscriber details for the selected Subscriber.

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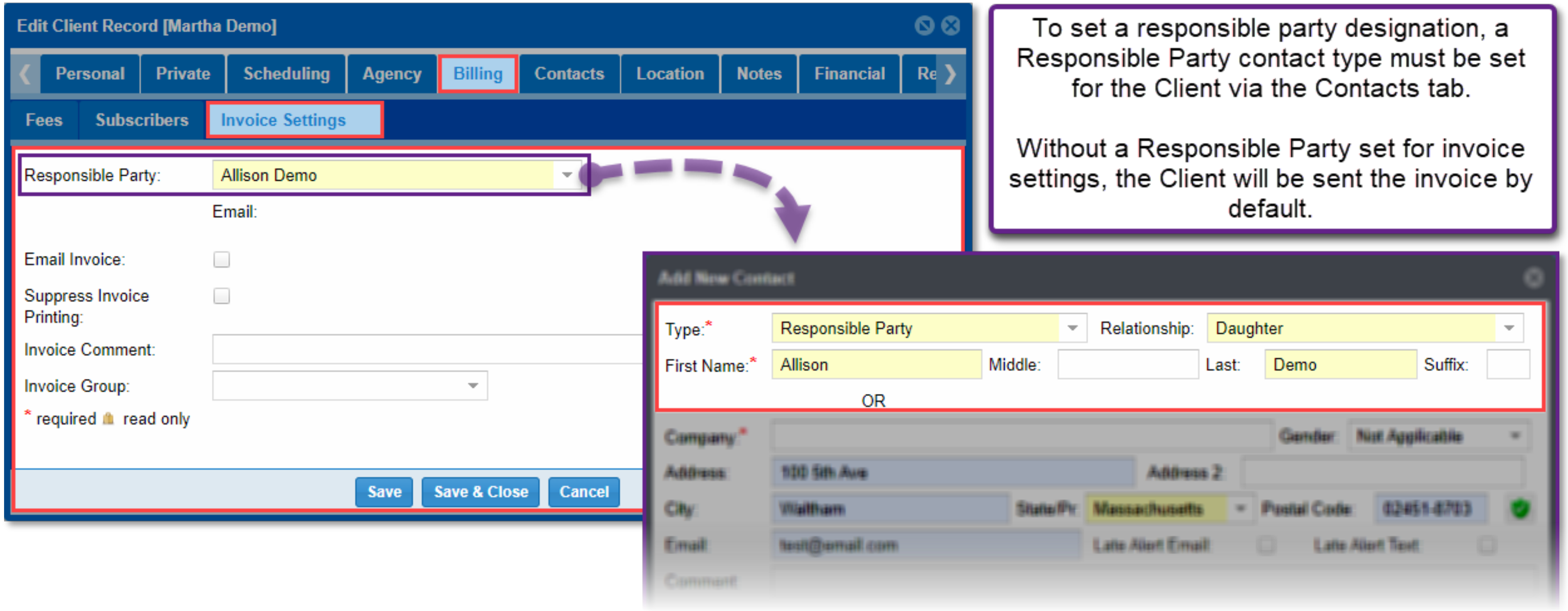
Martha's Client Settings – Invoice Settings

For Martha's billing invoices, she would prefer to have invoices sent to her daughter, who will serve as her primary contact. This can be set from the Invoice Settings area within Client Settings.



To set a responsible party designation, a Responsible Party contact type must be set for the Client via the Contacts tab.

Without a Responsible Party set for invoice settings, the Client will be sent the invoice by default.

Charge Codes | Payors | Insurance Companies

Martha’s Summary

The CareWhen settings needed to accommodate Martha have been set accordingly and she is ready to begin paying for services. To accomplish this, we:

- Identified the correct charge code for Martha’s care needs.
- Confirmed that Private Pay was available as a “payor”.
- Established a custom charge code (Fee) for Martha’s home care by modifying the rate applicable to the default charge code.
- Added her daughter as a Responsible Party for invoicing purposes.

Charlie – Private Insurance

Charlie's CareWhen Billing Needs:

Charlie will be receiving personal care and paying for services with his private insurance. His insurance company has provided a billing companion guide that will be used to fill in their billing information.

Charlie's insurance company will reimburse up to 40 hours of personal care for Charlie each week. Anything above 40 hours Charlie will pay for directly. The initial 40 hours / week will be pre-authorized in CareWhen via the Preauths functionality.

Charge Codes

- Default Personal Care - $12
  - Insurance custom charge code - $14

Payors

- Primary: Assured Medical Insurance (AMI).
- Secondary: Private Pay

Insurance Companies

- Assured Medical Insurance (AMI)

Charge Codes | Payors | Insurance Companies

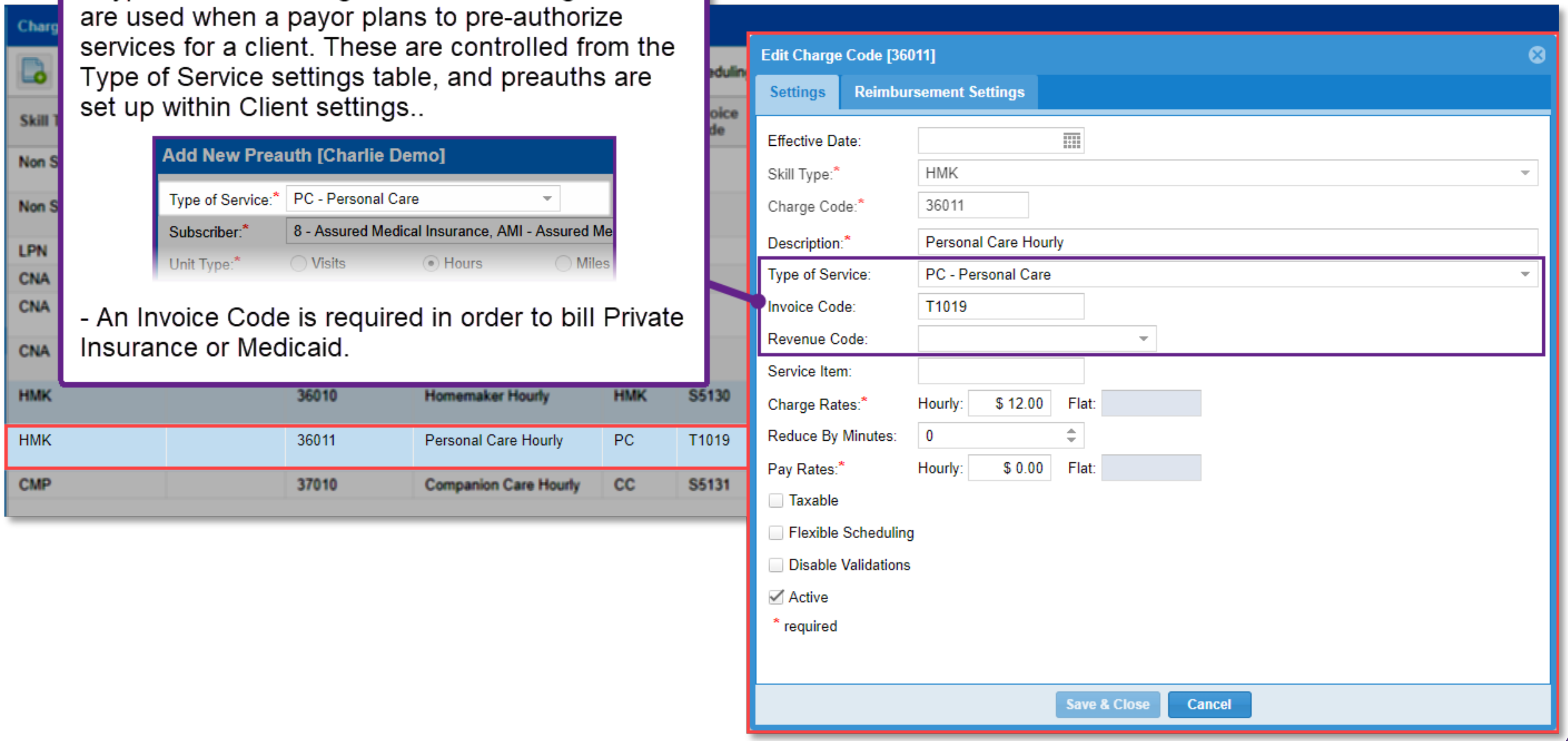
Charlie will be using the default Personal Care Hourly charge code. No changes are required to enable the code for Charlie’s services.

Note: *Revenue Codes relating to Institutional Billing, primarily involving Hospitals and Skilled Nursing Facilities, can be accommodated by the “Revenue Code” field within charge code setup.*

A revenue code in CareWhen can be used to map revenue codes with charge codes.

- Type of Service designations for a charge code are used when a payor plans to pre-authorize services for a client. These are controlled from the Type of Service settings table, and preauths are set up within Client settings..

- An Invoice Code is required in order to bill Private Insurance or Medicaid.



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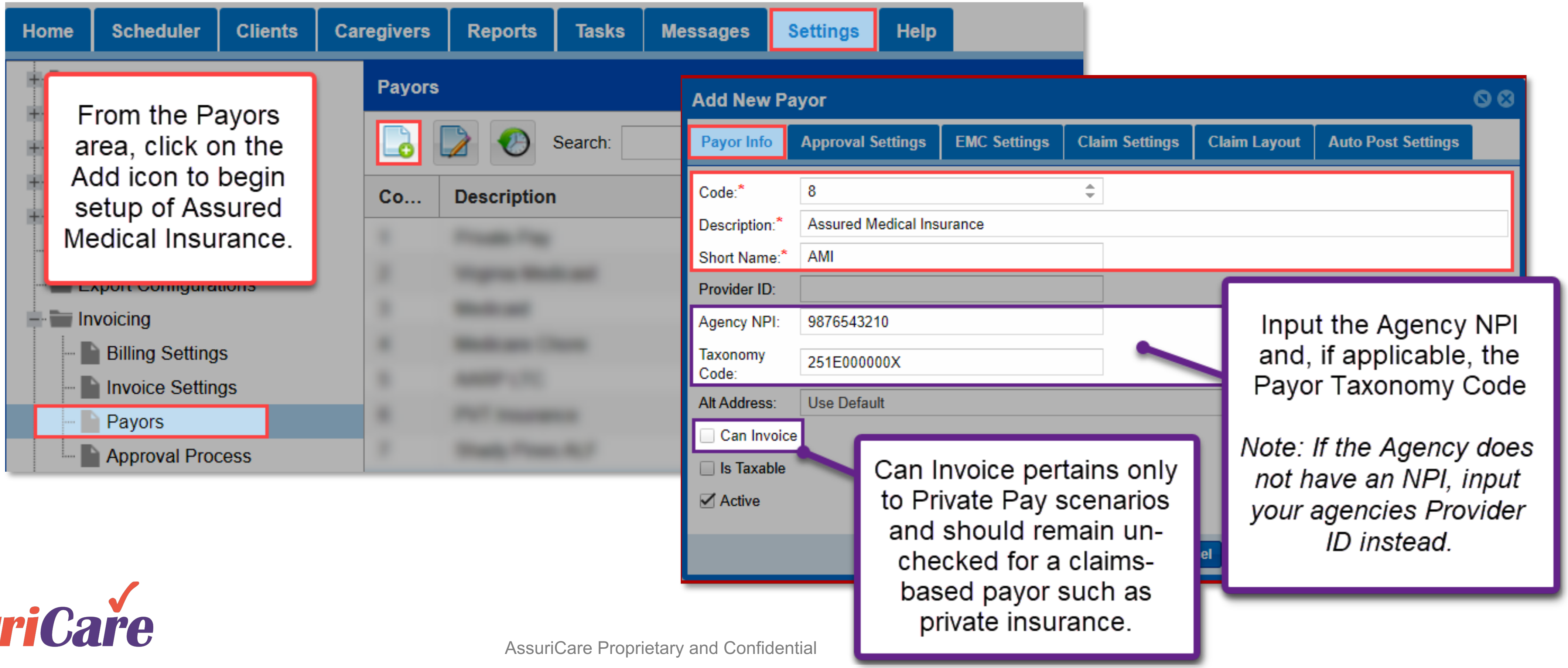
Charge Codes | **Payors** | Insurance Companies

Charlie's private insurance company is called Assured Medical Insurance (AMI). They have provided a billing guide outlining several details that must now be setup at the Payor level.



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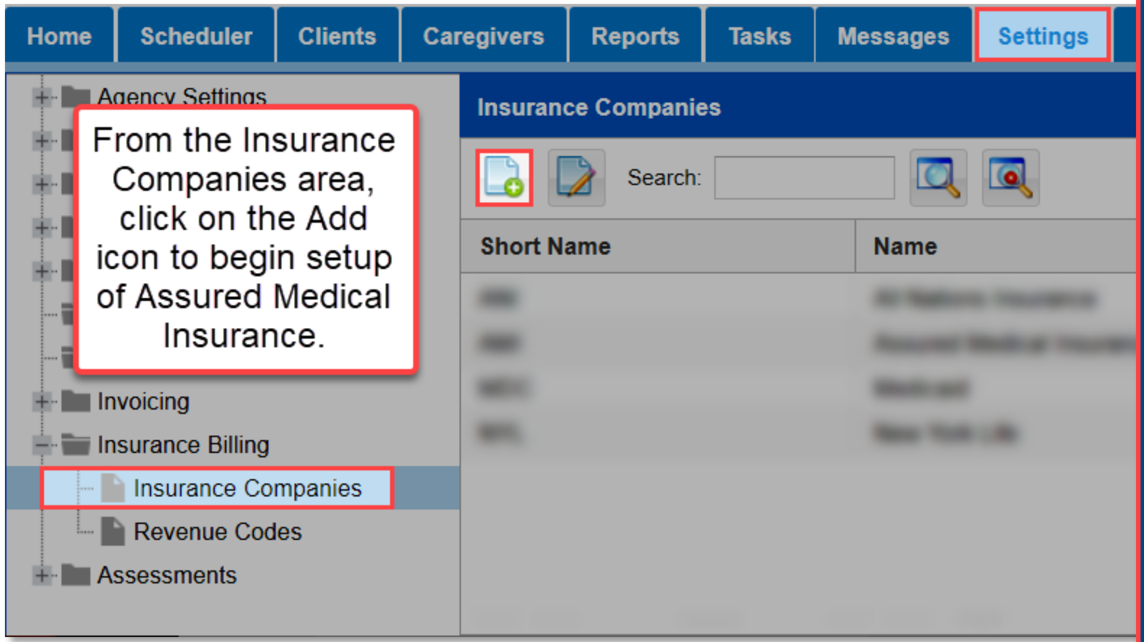
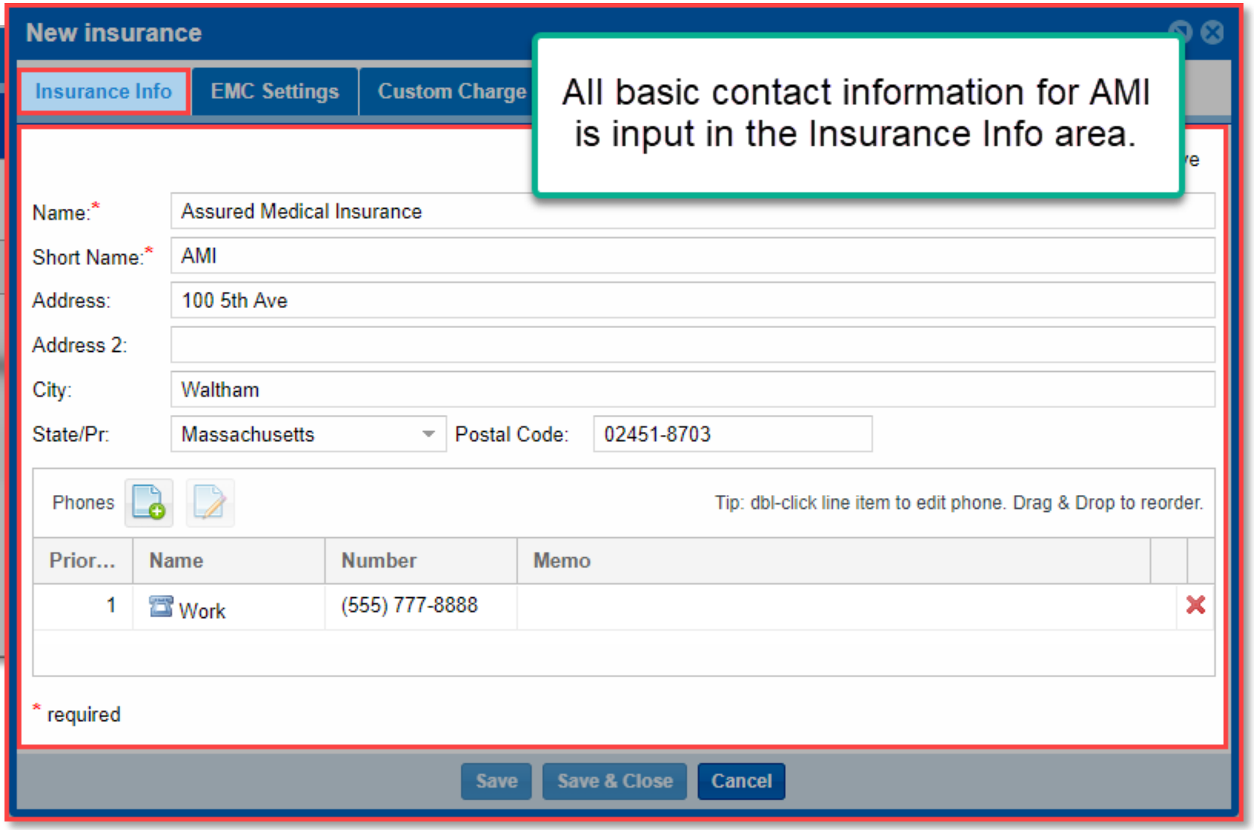
Charge Codes | Payors | **Insurance Companies**

As Assured Medical Insurance will function as both the Payor and Insurance Company, it must now be added to the Insurance Companies area.





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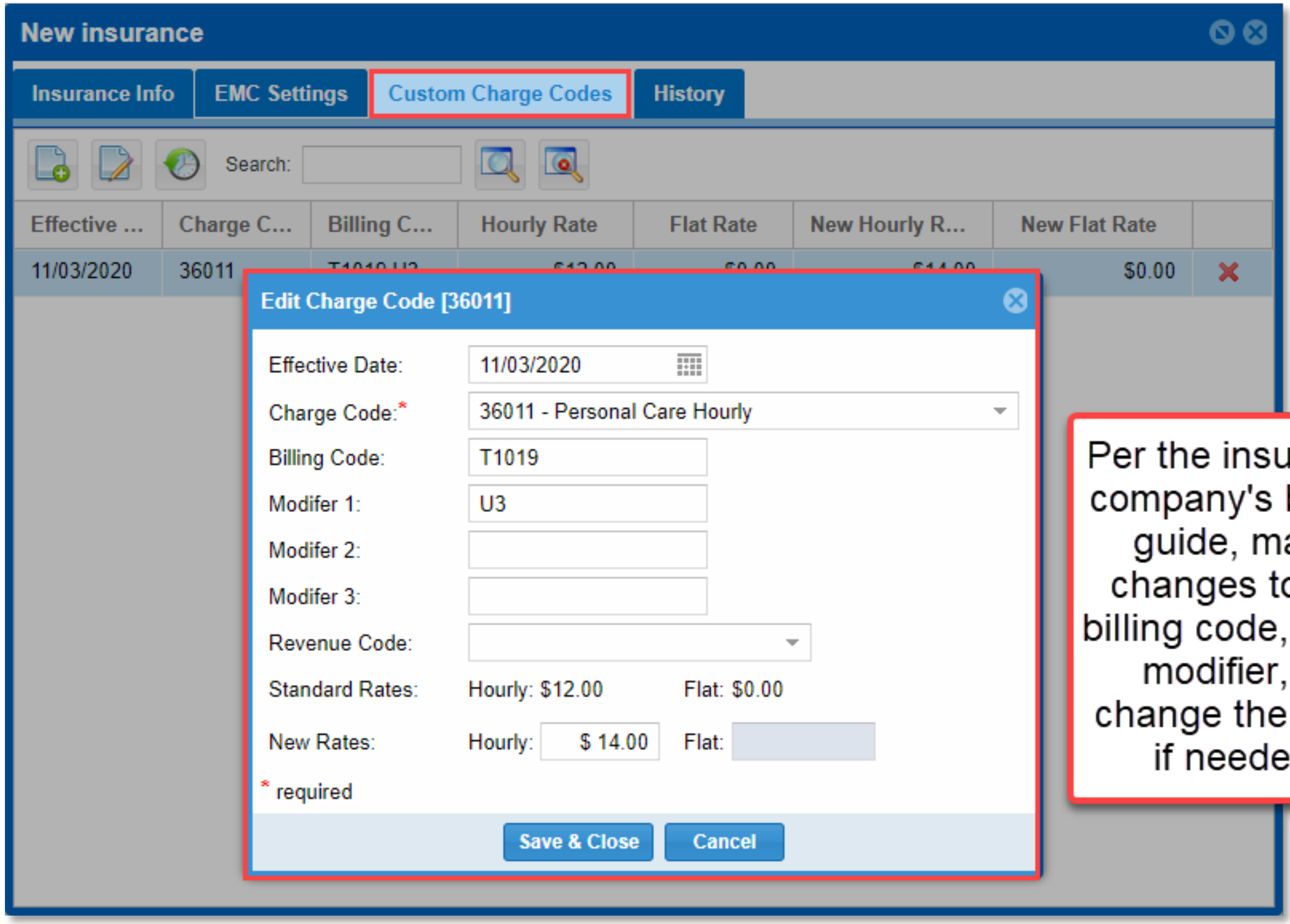
Charge Codes → Payors → Insurance Companies

AMI has supplied a custom rate for the Personal Care Hourly charge code.

This custom rate will be added that the Insurance Company level and will apply to all use instances of this charge code.



Per the insurance company's billing guide, make changes to the billing code, add a modifier, or change the rates if needed.

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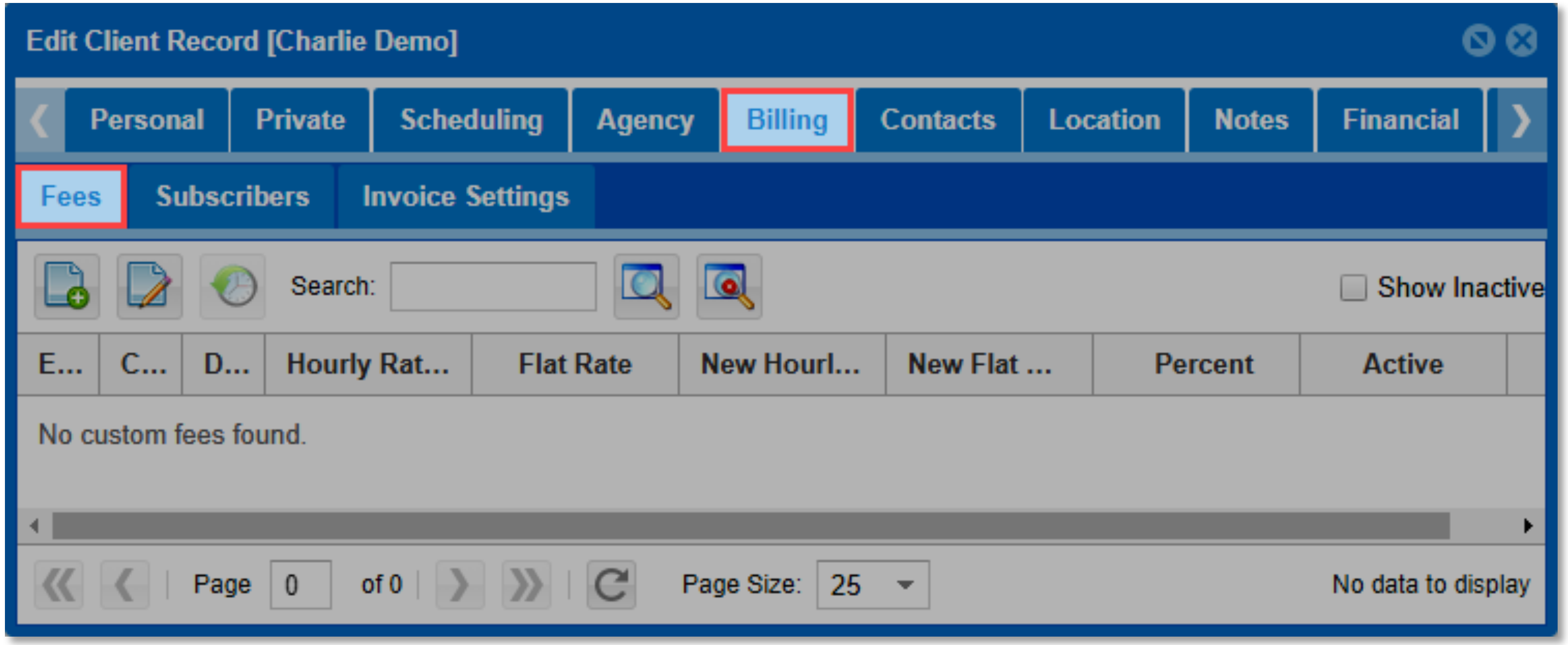
Charge Codes | Payors | Insurance Companies

Charlie's Client Settings – Fees

Charlie will not be utilizing a Client custom charge code. His personal care will be billed using the default code that was previously modified at the Insurance Company level. As such, no custom Fees are required from the Fees tab.



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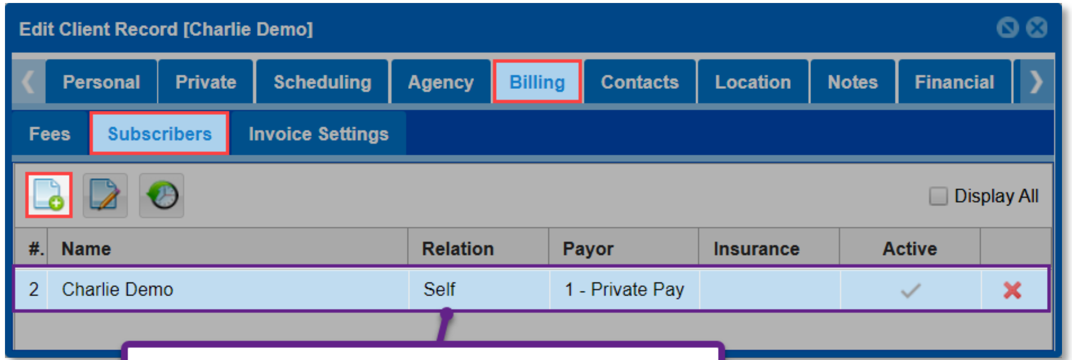
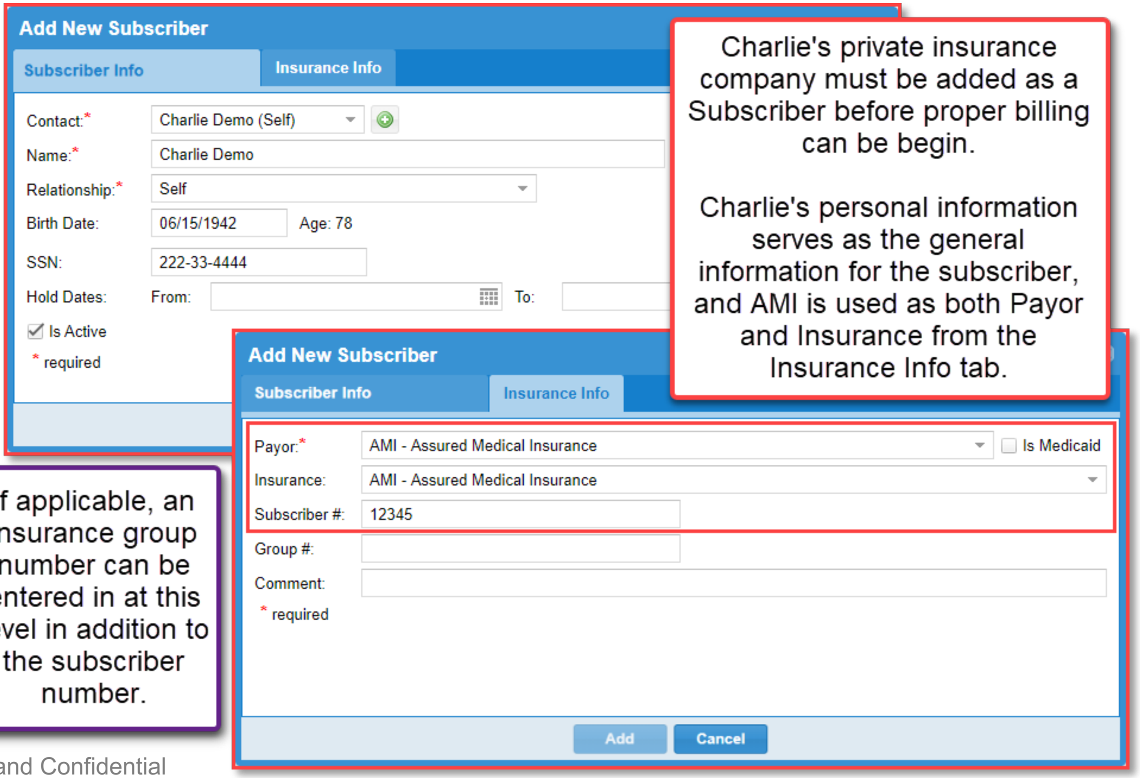
Charlie's Client Settings – Subscribers

Charlie's insurance company must be added as a Subscriber under the Subscribers tab within his client settings. Charlie occasionally elects to receive additional personal care that extends beyond the preauthorized time allowed by his insurance; in those instances, he will use the Private Pay subscriber.



Note: Private Pay is added as a subscriber by default to new Clients. This may be deleted from this list by clicking the "X" button.



Charlie's private insurance company must be added as a Subscriber before proper billing can be begin.

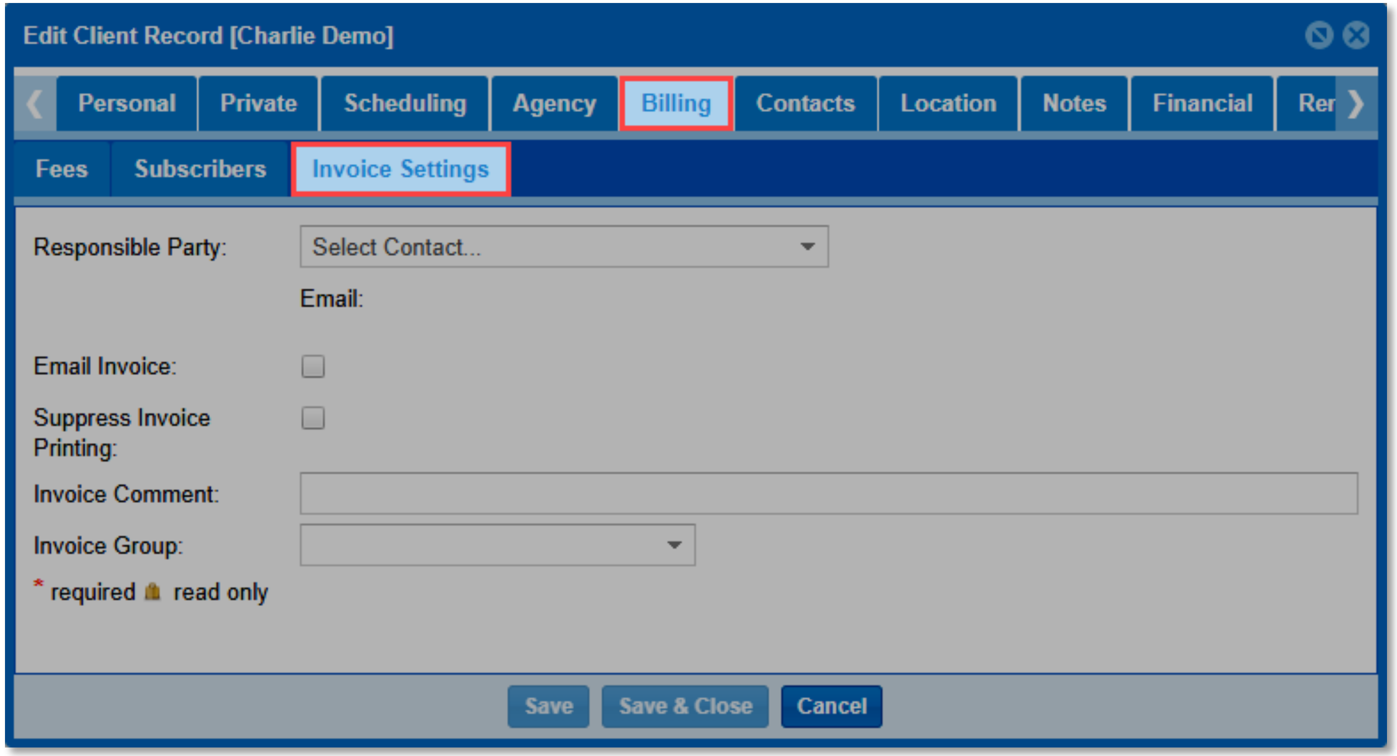
Charlie's personal information serves as the general information for the subscriber, and AMI is used as both Payor and Insurance from the Insurance Info tab.

If applicable, an insurance group number can be entered in at this level in addition to the subscriber number.

Charge Codes | Payors | Insurance Companies

Charlie’s Client Settings – Invoice Settings

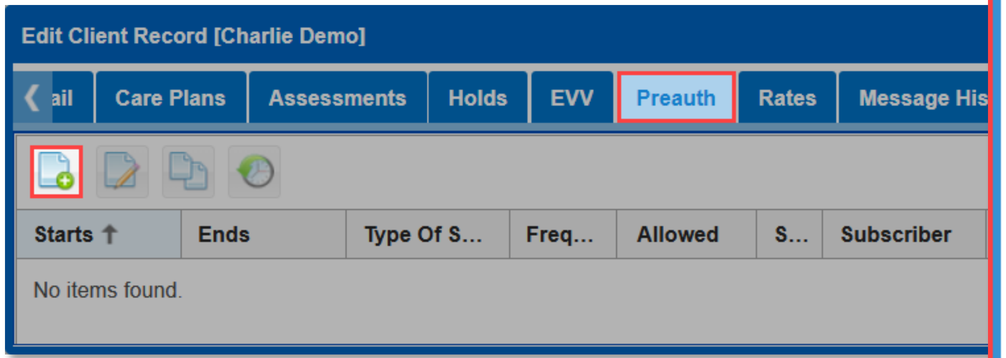
For Charlie, no Invoice Settings are required. Insurance claims do not require settings to be entered here, and if Charlie decides to pay for services via private pay, he will receive invoices directly.

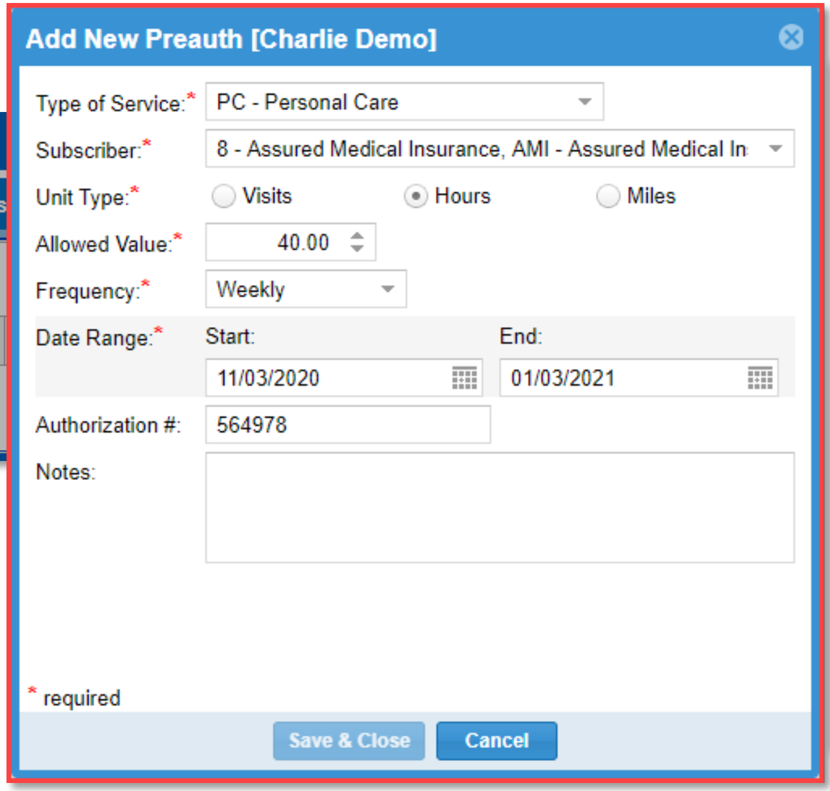


Charge Codes → Payors → Insurance Companies

Charlie’s Client Settings – Preauth

Pre-authorizations for a client, commonly used for insurance and Medicaid-based billing, are managed via the Preauths tab found within client settings. For this example, “AMI” has authorized 40 hours of personal care for Charlie.





- Select the applicable service type and subscriber. Select the appropriate unit type for the service, input an allowed value and frequency, and select a date range for the code.

- The authorization number is what will be reported in the claim for billing purposes.

Charge Codes → Payors → Insurance Companies

Charlie's Summary

With Charlie's insurance company added to the system billing settings areas, and updated within his subscriber tab via client settings, we can now bill Charlie's insurance for his services. To accomplish this, we:

- Identified the correct default charge code for Charlie's care needs.
- Added Charlie's insurance company, Assured Medical Insurance (AMI), as a Payor option.
- Added "AMI" as an insurance company within the Insurance Companies settings area and created an insurance custom charge code.
- Added "AMI" as a subscriber to Charlie's client settings Billing tab and added a Preauth for Charlie's services.

Katherine – Medicaid

Katherine's CareWhen Billing Needs:

Like Charlie, Katherine will be receiving pre-authorized personal care. Unlike Charlie, however, Medicaid will be paying for her services.

Billing settings required for Medicaid are largely like those required for private insurance. Instead of following a private insurance companion guide, reference your Medicaid companion guide for proper setup information.

Charge Codes

- Default Personal Care - $12

Payors

- Primary: Medicaid

Insurance Companies

- Medicaid

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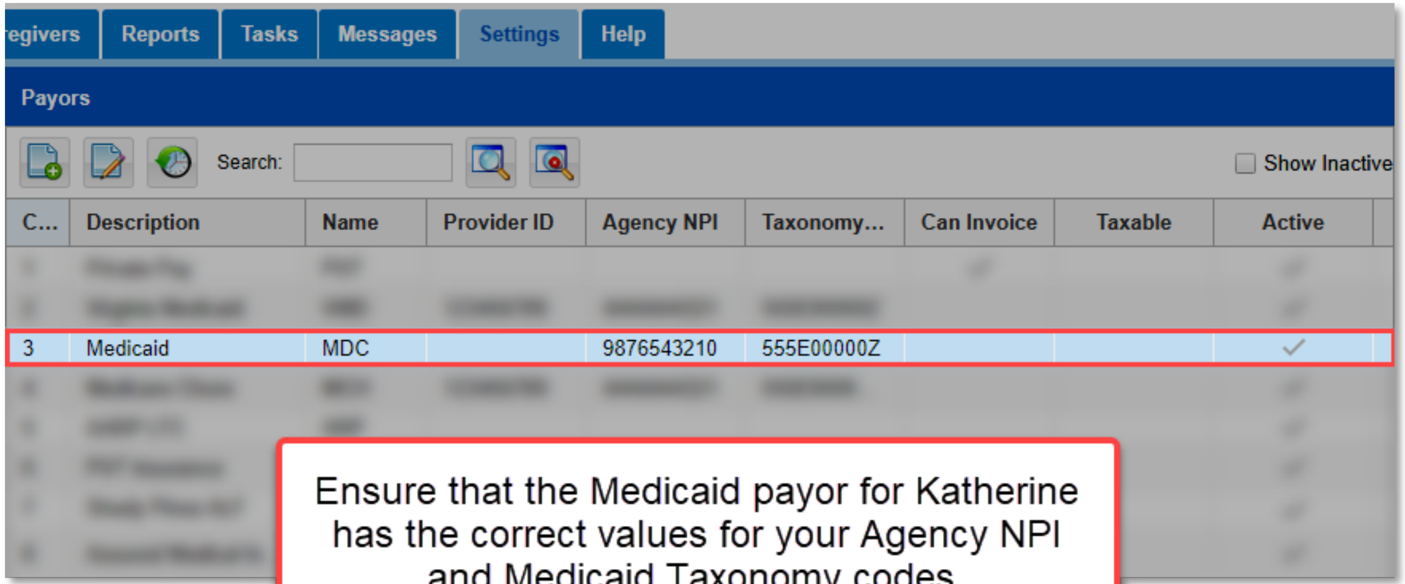
Charge Codes → Payors → Insurance Companies

- Katherine will be using the default Personal Care Hourly charge code.
- No changes are required to this charge code to accommodate for Medicaid payments

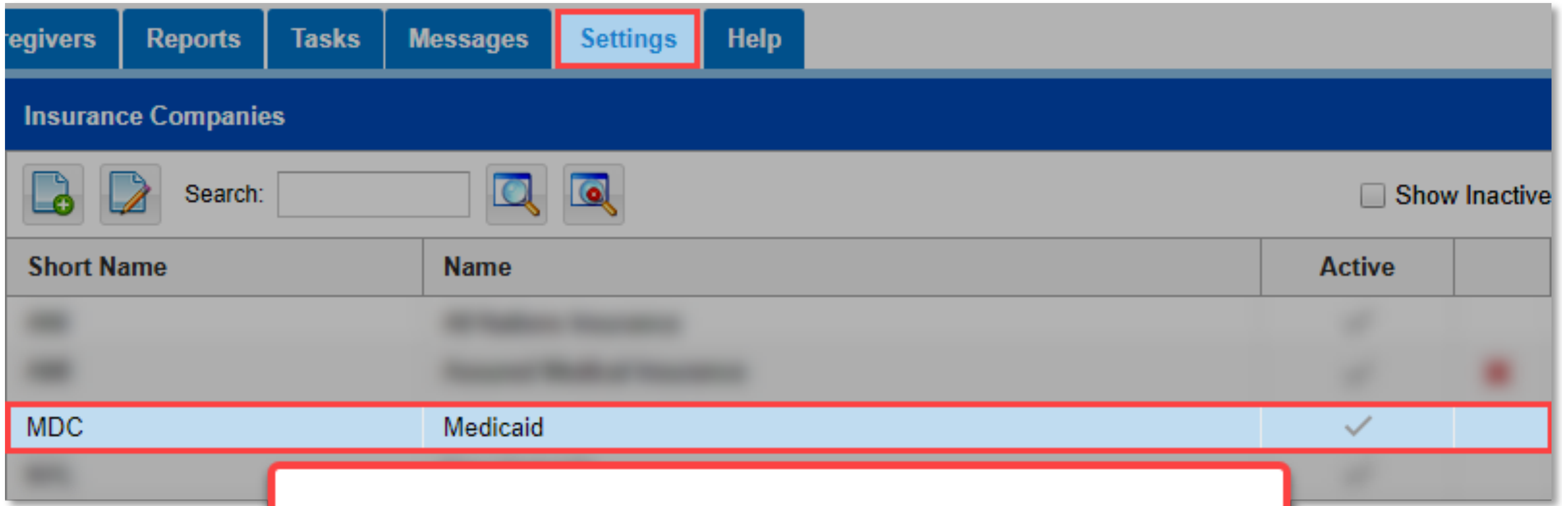
- Setup considerations and practices for a Medicaid Payor are the same as that of a Private Insurance Payor. Payor Taxonomy codes and EMC settings will vary based on the values relayed by the corresponding companion guide.



Ensure that the Medicaid payor for Katherine has the correct values for your Agency NPI and Medicaid Taxonomy codes.

Charge Codes → Payors → **Insurance Companies**

After adding Medicaid as a payor, it must also be added as an insurance company from the Insurance Companies area. Setup is the same as setting up a private insurance company, with most settings configurations being derived from the applicable Medicaid companion guide.



Ensure that the Medicaid insurance company for Katherine has the correct values for your Agency NPI and Medicaid Taxonomy codes.

Charge Codes | Payors | Insurance Companies

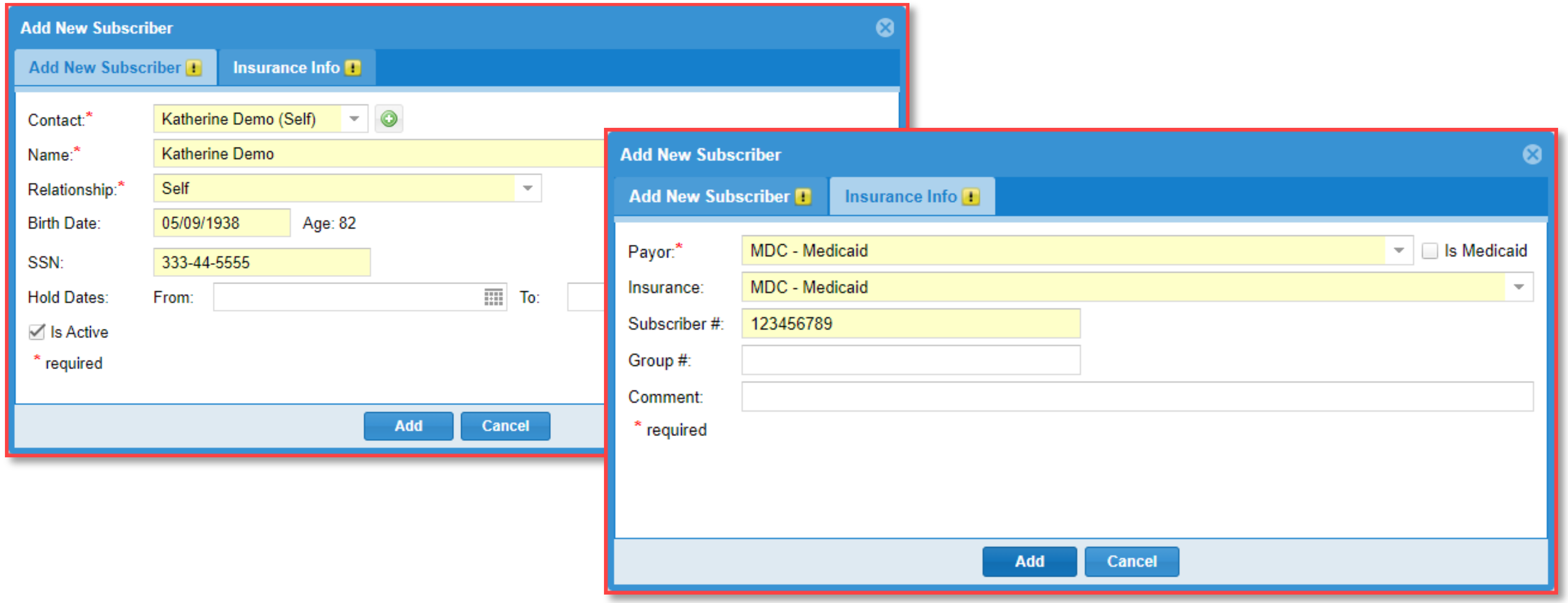
Katherine’s Client Settings

Fees:

- Katherine will not be utilizing a Client custom charge code. Her personal care will be billed through Medicaid using the default charge code. No changes are required on the Fees tab under Client settings.

Subscribers:

- Medicaid must be added as a Subscriber for Katherine. This process is largely the same as adding a private insurance company as a Subscriber, using a Medicaid ID as a Subscriber #.



Charge Codes → Payors → Insurance Companies

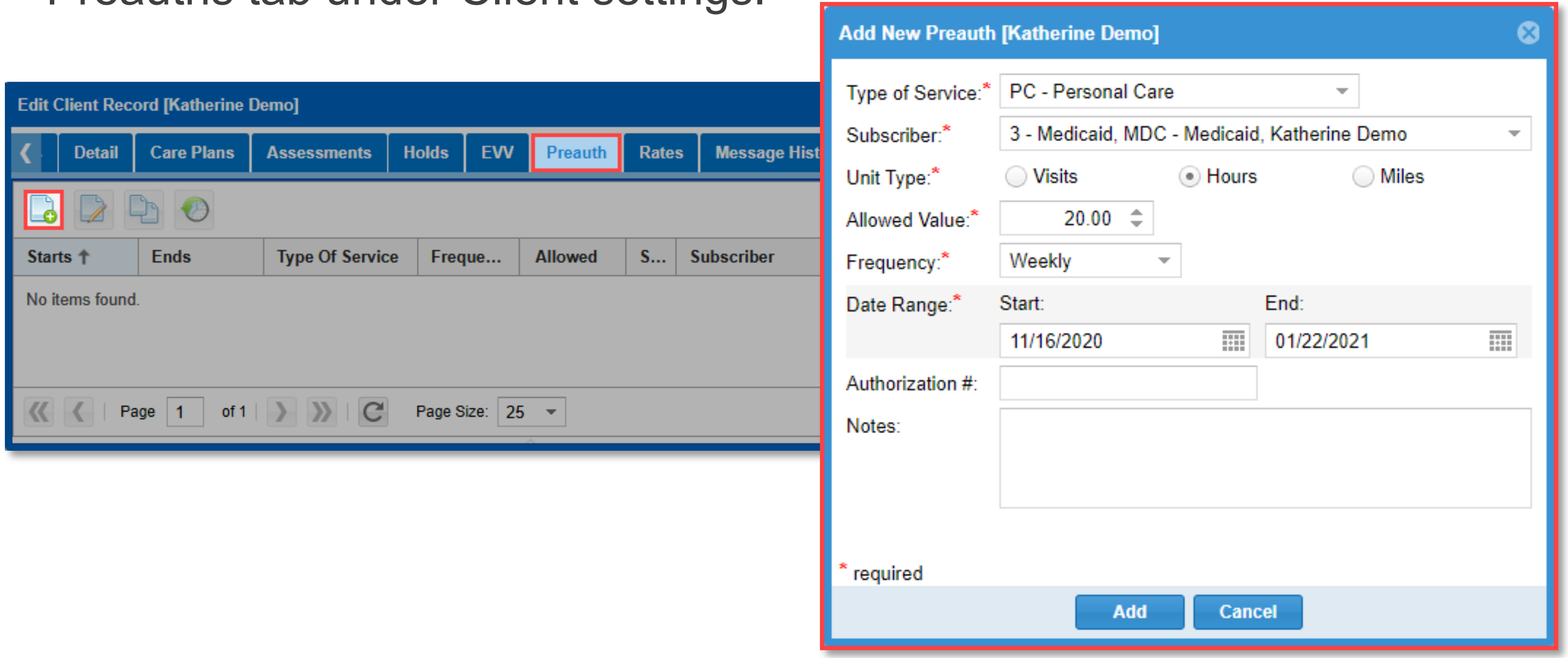
Katherine's Client Settings

Invoice Settings:

- No additional Client invoice settings are required for Katherine's services. She does not plan to pay for any services directly.

Preauths:

- Medicaid will be pre-authorizing 20 hours of weekly personal care for Katherine. Similar to Charlie's example, this should be added from the Preauths tab under Client settings.



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Charge Codes | Payors | Insurance Companies

Katherine’s Summary

As Medicaid functions similarly within CareWhen to a private insurance company, setup for Katherine’s needs was very similar to Charlie’s. To have her Medicaid billing in place, we:

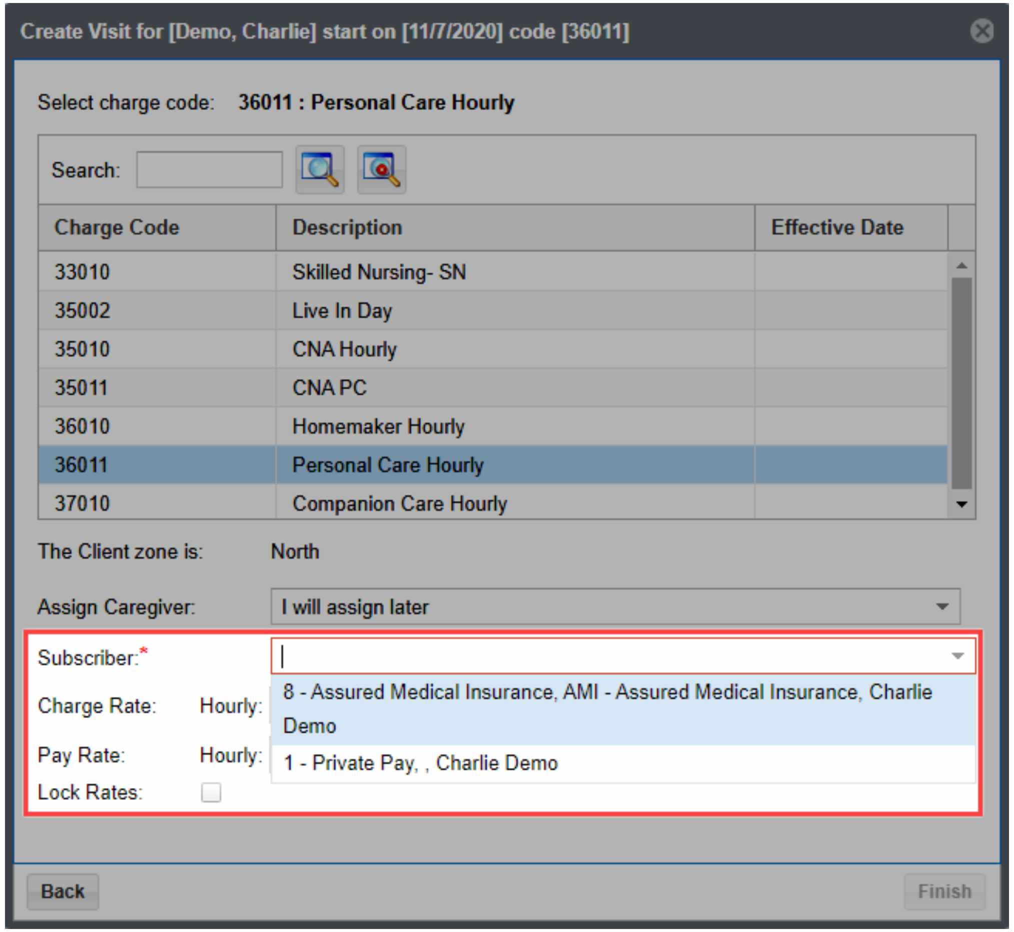
- Identified the correct default charge code for Katherine’s care needs.
- Added Medicaid as a Payor option.
- Added Medicaid as an insurance company within the Insurance Companies settings area.
- Added Medicaid as a subscriber to Katherine’s client settings Billing tab using her Medicaid ID as the Subscriber # and added a Preauth for Katherine’s services.

A note about scheduling…

When scheduling visits for any client, be sure to select the proper subscriber (party responsible for payment) for each visit. This will ensure proper billing for each scheduled order.

For more detailed information, see the **CareWhen Creating and Managing Visits** training.

Pictured Example: When scheduling a Personal Care visit for Charlie, select his insurance to bill “AMI” for the visit and count hours to his preauthorization. Select Private Pay to invoice him directly (this will not count towards his preauthorization).



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CareWhen Billing – Examples Summary

Available Charge Codes

Payors

Insurance Companies

Default Charge Codes

Client Custom Charge Code

Private Pay

Subscriber

Insurance Custom Charge Code

Insurance Company

Assured Medical Insurance

Subscriber

Medicaid

Medicaid

Subscriber

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CareWhen Training

Billing Setup - Appendix

CareWhen Billing

Billing Settings and Approval Cycles

Once all Charge Codes, Payors, and Insurance Companies have been added to accommodate for Client’s needs, a handful of final setup steps remain before billing can begin.

Billing Settings: A single page within the Settings area used to establish a billing start date for the Agency.

Approval Cycles: A settings area used to create windows of time where approvals can be made.

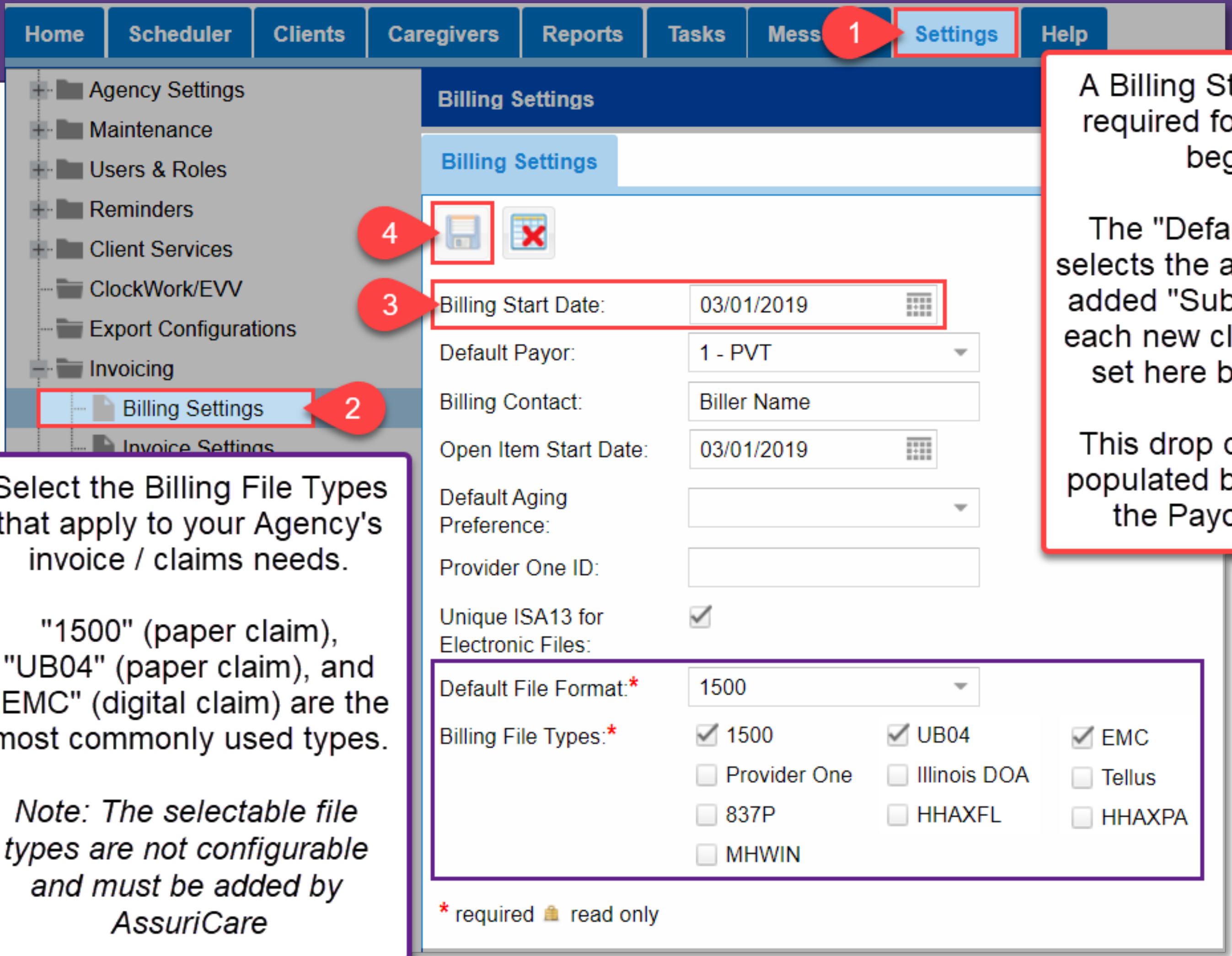
Payment Codes: Codes set up from the Settings area used in the payment process when making payments in CareWhen towards Invoices or Claims.

CareWhen Invoices and Claims

Billing Settings

For any billing to occur in CareWhen, a Billing Start Date is required from the Billing Settings tab.

Additionally, default Payors and applicable Billing File Types may be selected here.



A Billing Start Date is required for billing to begin.

The "Default Payor" selects the automatically added "Subscriber" for each new client. PVT is set here by default.

This drop down list is populated by entries in the Payors area.

Select the Billing File Types that apply to your Agency's invoice / claims needs.

"1500" (paper claim), "UB04" (paper claim), and "EMC" (digital claim) are the most commonly used types.

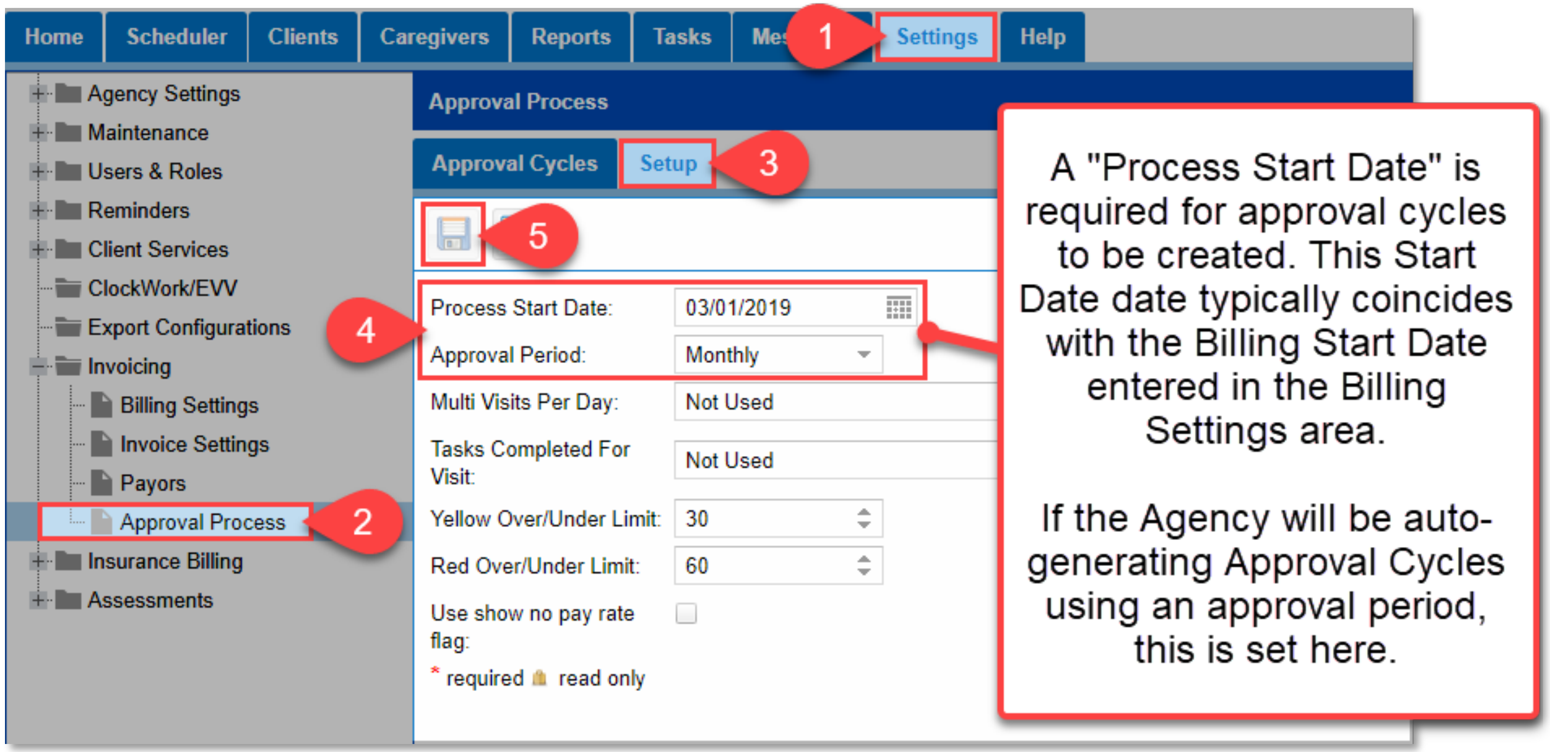
Note: The selectable file types are not configurable and must be added by AssuriCare

CareWhen Approval Process

Approval Process - Setup

Once visits have been completed, they must be approved before billing can take place.

For this to happen, an approval cycle must be set within the Approval Process area in Settings. The first step in this area is to establish Agency-specific approval settings from the Approval Setup tab.



Configuration Note

- The Approval Period will be determined by your Agency's billing cycle; Monthly is the most used option

CareWhen Invoicing and Claims

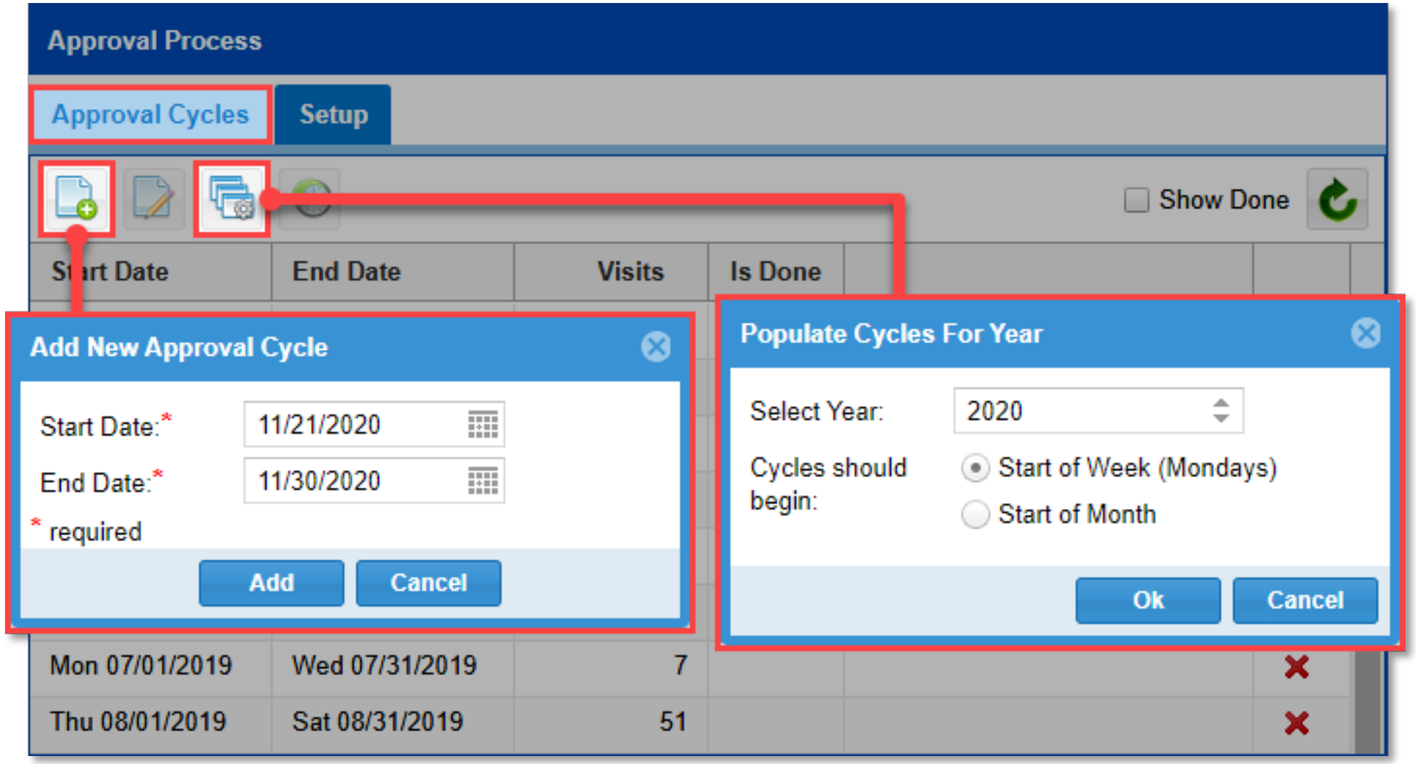
Approval Process – Approval Cycles

With Approval Process Setup complete, an Approval Cycle may now be added from the Approval Cycles tab.

Approval Cycles may be added manually or auto-added based on the previously entered Approval Period.

Configuration Note

- The most common approach is to use the "Populate Cycles For Year" option and select "Start of Month"



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CareWhen Invoicing and Claims

Payment Codes

Payment Codes are used when adding Payments from the Pay / Adjust Task (covered in the Payment Tasks training). Payment codes typically represent all possible payor options present to Clients in CareWhen.