



## CareWhen Training

Invoices and Claims

# CareWhen Invoices and Claims

Once Visits have been completed and approved in CareWhen, the balance will be communicated to the responsible Payors via Invoices or Claims.

**Payors in CareWhen handle billing differently depending on the Payor type.**

## **Private Pay**

Private Pay billing uses **invoices** that are sent directly to the Client (or a designated responsible party). Payments are returned directly to the Agency.

The format of these invoices is setup from the “Invoice Settings” area under Settings.

## **Insurance / Medicaid / VA**

For payment through private insurance, or a government option such as Medicaid, billing is handled through CareWhen via **claims**. Claim formatting will be dictated by the payor’s billing companion guide and is controlled from tabs on both the “Payors” area and the “Insurance Company” area.



# CareWhen – Claims

Claims are bills sent to Payors that don't utilize invoicing, such as a Private Insurance company or Medicaid.

Claims can be output from CareWhen in two forms that will vary based on the Payors needs:

- **Print** (such as a UB04 claim document)
- **Digital** (such as an EMC file compiled in CareWhen and uploaded to a Payor)

|   |  |   |  |                                  |  |  |  |
|---|--|---|--|----------------------------------|--|--|--|
| 1 AssuriCare<br>100 5th Ave<br>Waltham, MA 02451-8703 |  | 2                                       |  | 3a PAT. CNTL #<br>8              |  | 4 TYPE OF BILL<br>0333                       |  |
| 8 PATIENT NAME<br>a Carr, Charolette                  |  | 9 PATIENT ADDRESS<br>b 521 N Argonne Rd |  | 5 FED. TAX NO.<br>99-9999999     |  | 6 STATEMENT COVERS PERIOD FROM<br>03/01/2019 |  |
| 10 BIRTHDATE<br>02/06/35                              |  | 11 SEX<br>F                             |  | 12 DATE<br>3/1/2019              |  | 13 ADMISSION 13 HR<br>9                      |  |
| 14 TYPE<br>1  |  | 15 SRC<br>30                            |  | 16 DHR<br>17 STAT<br>18          |  | 19   |  |
| 31 OCCURRENCE CODE                                    |  | 32 OCCURRENCE DATE                      |  | 33 OCCURRENCE DATE               |  | 34 OCCURRENCE DATE                           |  |
| 35 CODE   |  | 36 OCCURRENCE SPAN FROM                 |  | 37 OCCURRENCE SPAN THROUGH       |  | 38   |  |
| 39 CODE   |  | 40 VALUE CODES AMOUNT                   |  | 41 CODE                          |  | 42 VALUE CODES AMOUNT                        |  |
| 43 REV. CD.   |  | 44 DESCRIPTION                          |  | 45 HCPCS / RATE / HIPPS CODE     |  | 46 SERV. DATE                                |  |
| 47 SERV. UNITS  |  | 48 TOTAL CHARGES                        |  | 49 NON-COVERED CHARGES           |  | 50   |  |
| 0571  |  | Home Health Aide Visit                  |  | S5125                            |  | 3/1/2019                                     |  |
| 0571  |  | Home Health Aide Visit                  |  | S5125                            |  | 3/4/2019                                     |  |
| 0571  |  | Home Health Aide Visit                  |  | S5125                            |  | 3/6/2019                                     |  |
| PAGE 1  |  | OF 1                                    |  | CREATION DATE                    |  | 05/15/19                                     |  |
| 50 PAYER NAME   |  | 51 HEALTH PLAN ID                       |  | 52 REL. INFO                     |  | 53 ASST. BEN.                                |  |
| Medicaid  |  |   |  | Y                                |  | Y  |  |
| 54 PRIOR PAYMENTS                                     |  | 55 EST. AMOUNT DUE                      |  | 56 NPI                           |  | 4444444321                                   |  |
| 57 OTHER PRV ID                                       |  | 58 INSURED'S NAME                       |  | 59 P. REL.                       |  | 60 INSURED'S UNIQUE ID                       |  |
| 123456789   |  | Charolette Carr                         |  | 18                               |  |  |  |
| 61 GROUP NAME   |  | 62 INSURANCE GROUP NO.                  |  | 63 TREATMENT AUTHORIZATION CODES |  | 64 DOCUMENT CONTROL NUMBER                   |  |
|   |  |   |  | PC3vbk                           |  |  |  |
| 65 EMPLOYER NAME                                      |  | 66                                      |  | 67                               |  | 68   |  |
| 69 ADMIT DX   |  | 70 PATIENT REASON DX                    |  | 71 ICD-9 CODE                    |  | 72 ECI                                       |  |
| 73  |  | 74 PRINCIPAL PROCEDURE CODE             |  | 75 OTHER PROCEDURE CODE          |  | 76 ATTENDING NPI                             |  |
| 77 OPERATING NPI                                      |  | 78 OTHER NPI                            |  | 79 OTHER NPI                     |  | 80 REMARKS                                   |  |
| 81CC a  |  | b                                       |  | c                                |  | d  |  |

A sample UB04 claim generated in CareWhen



# CareWhen Invoices and Claims – Invoice Setup



## Invoice Settings

General Invoice settings are controlled from the Invoice Settings area of the Settings tab.

Settings entered here will apply to all instances of invoice-based billing that occurs within CareWhen.

### Essential Configurations

- A Start Date must be selected. This will set a date that the selected invoice settings will take effect
- If Credit Card payments are accepted, acceptable CC types should be denoted here



The screenshot shows the 'Settings' tab in the CareWhen application, specifically the 'Invoice Settings' sub-tab. The interface includes a navigation menu on the left with categories like Skill type, Text Messaging, Agency Logo, Maintenance, Agency Tables, Charge Codes, Payment Codes, Adjustment Codes, Document Categories, GL Codes, Users & Roles, Agency Roles, Agency Users, Doctors, ClockWork/EVV, Export Configurations, Invoicing, Billing Settings, Invoice Settings (highlighted), and Payors. The main content area is titled 'Invoice Settings' and contains several fields and checkboxes. Callouts provide additional information:

- Next Invoice Number:** 1010
- Default Due Days:** 15
- Start Date:** 03/01/2019 (Callout: Set a date to have these invoice settings take effect. This is required.)
- Sales Tax Rate:** (Callout: If applicable to your agency, set invoice tax settings for invoices here.)
- Invoice Tax Code:**
- Sales Tax Description:**
- G/L Revenue Code for Tax:**
- G/L Revenue Description:**
- Credit Cards Accepted:**  Visa,  Master Card,  Discover,  American Express (Callout: Set the acceptable credit card types to have listed on the invoices.)
- General Comment:** Thank you so much for trusting Assuricare, we appreciate your business (Callout: Enter comments to have included on agency invoices and toggle the inclusion of service tasks.)
- Terms Comment:**
- Separate mileage on Invoice totals:**
- Include Service Tasks:**
- Include Service Tasks With Comments:**
- Invoice Export Format:** QuickBooks
- G/L Accounts Receivable Account:** GL A/R
- G/L Income Account:** GL Income

# CareWhen Invoices and Claims – Invoice Setup



## Invoice Email Settings

Use the Invoice Email Settings tab to configure the default formatting of invoice emails that are sent to Clients. Configure the body of the email and set the default reply email address for your agency.

**Invoice Settings**

Invoice Settings | **Invoice Email Settings** | Invoice Layout Settings | Invoice Group

Reply To:

CC To:

Body:

Include Logo:

\* required read only

The Agency logo is set in the Agency Logo area with Agency Settings.



# CareWhen Invoices and Claims – Claims Setup

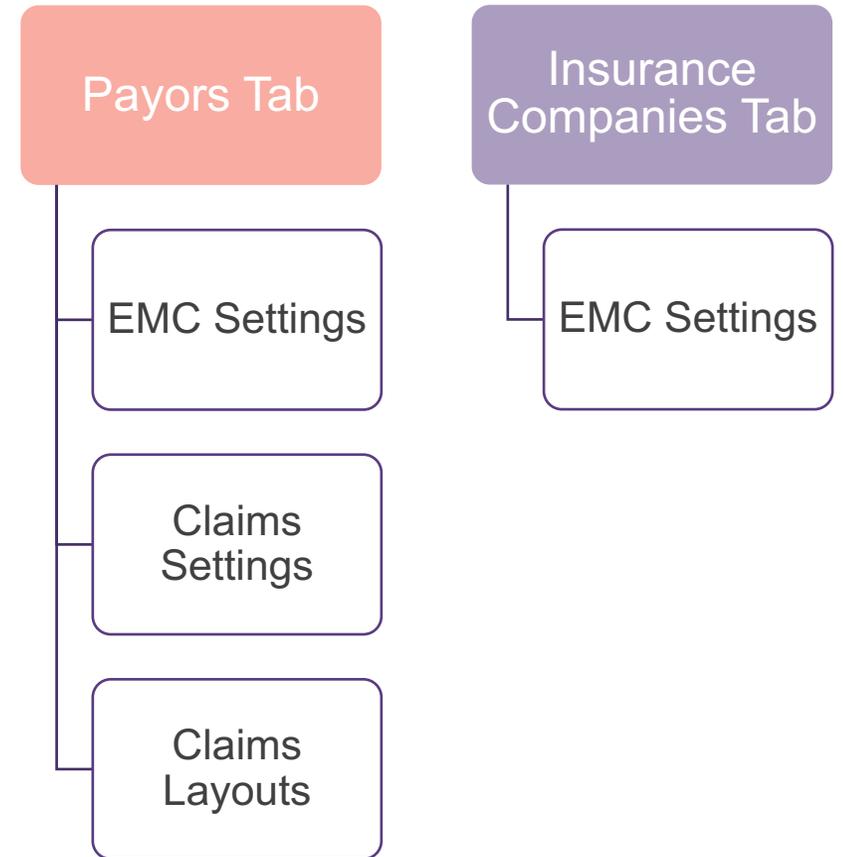


## Claims Setup Overview

Unlike Invoices, Claims setup occurs on a per-Payor / Insurance Company basis. These settings are controlled across four areas:

As each Payor will have different claims requirements, follow the details of the payor's billing companion guide to fill in the required settings and options available.

*Note: For the sake of example, the following slides use some of the more commonly used fields. If additional help is required, please contact AssuriCare for further assistance.*



# CareWhen Invoices and Claims – Claims Setup



## Payor EMC Settings

The EMC (Electronic Media Claims) Settings tab within Payor setup contains numerous input fields that will be used to identify where Claims will be sent electronically.

As with all Claims-related settings, these will be outlined by the Payor's billing companion guide or dictated by the Payor directly.

**Add New Payor**

Payor Info | Approval Settings | **EMC Settings** | Claim Settings | Cl

Production:  Yes  No

Claim Type: Professional

Receiver ID: TESTID1

Receiver ID Qualifier: ZZ

Sender ID: 111222333

Sender ID Qualifier: ZZ

Security Password: [ ]

EMC Program: [ ]

File Name: [ ]

Use Company Name:

Facility Provider Id: [ ]

Claim Starting number: [ ]

EVV Plan: [ ]

\* required 🗑️ read only

Save Save & Close Cancel

Callout Box:  
Toggling Production to No will allow for claim test data to be sent to a Payor. Once test data has been validated, this should be switched to Yes.  
  
Claim Type will vary by Payor, though Professional is the most typical type used.

# CareWhen Invoices and Claims – Claims Setup



## Payor Claim Settings

If applicable to a certain Payor, the Claim Settings tab allows for modifiers to be placed on the Claims that will be generated within CareWhen.

### Configuration Note

- Modifiers are configured in the Insurance Company Charge Code settings area

**Add New Payor**

Payor Info | Approval Settings | EMC Settings | **Claim Settings** | Claim Layout | Auto Post Settings

No Multiple Visit Holds:

No Hold Visit Codes:

Use Admit Date & Time:

Use Admit Date Only:

Use Hourly Units:

Visit Codes with Min Unit:

Visit Codes with Two Unit:

True Visit Count:

Itemize Same Day Visits:

Visits by Week:

Visits by Month:

TOB:

\* required 🗝 read only

Save Save & Close Cancel

Tooggling Admit Date & Time or Admit Date only are commonly used settings.

Additionally, if a payor wishes to use hourly billing units instead of the default 15-minute units, this can be changed here.

# CareWhen Invoices and Claims – Claims Setup



## Payor Claim Layout

If a Payor will be receiving print Claims, such as the sample UB04 pictured in this training or a 1500 Claim Document, the Claim Layout page may be used to input Payor-specific information into certain fields. These settings will not apply to a Payor that plans to utilize digital-only Claims.

**Add New Payor**

Payor Info | Approval Settings | EMC Settings | Claim Settings | **Claim Layout** | Auto Post Settings

**UB04 Layout Settings :**

Disable form watermark:

Box 38:

Box 57 Line A:

Box 57 Line B:

Box 57 Line C:

Box 65 Line A:

Box 65 Line B:

Box 65 Line C:

**1500 Claim Layout Settings :**

Disable form watermark:

\* required 🛡️ read only

Save Save & Close Cancel

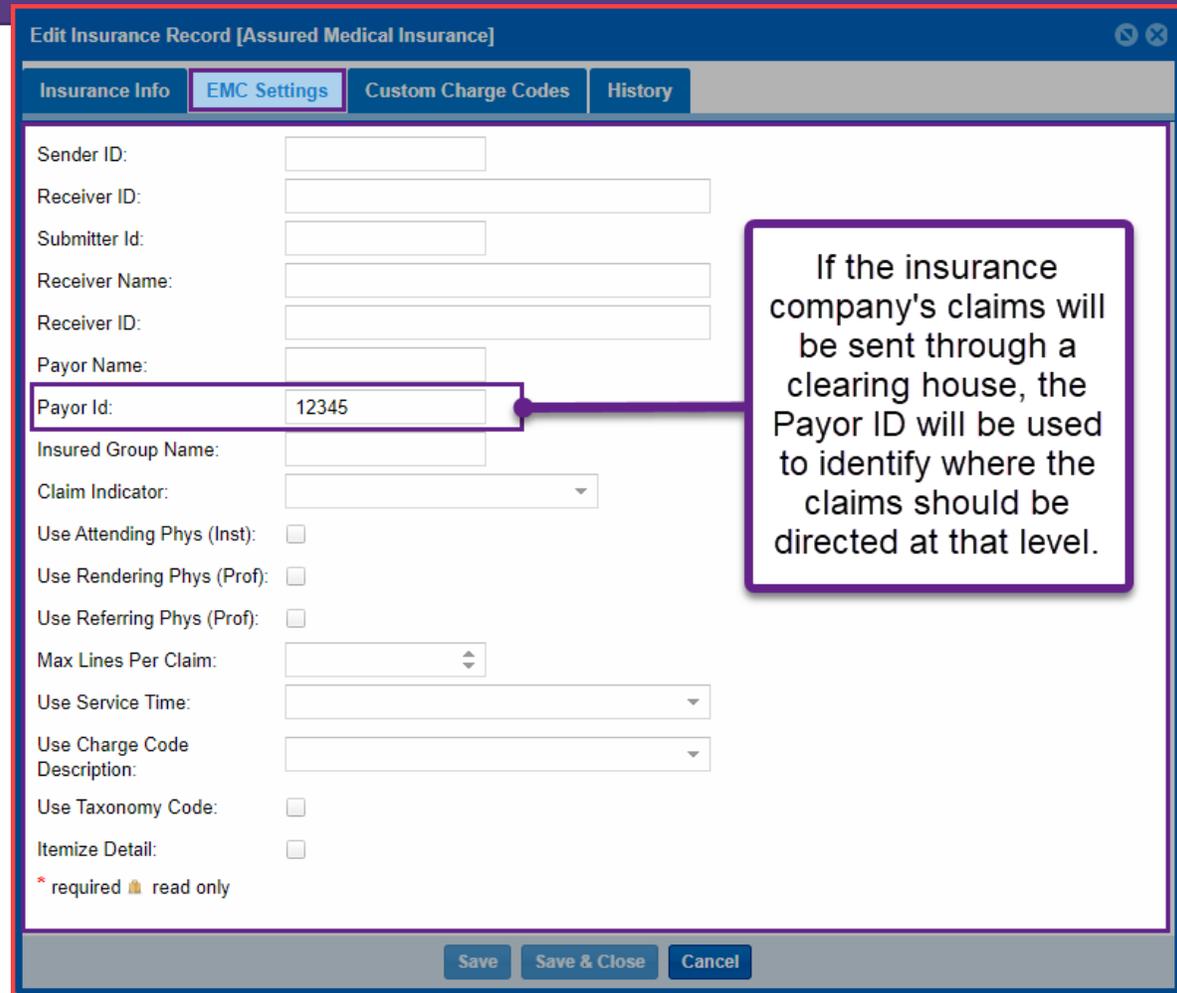
# CareWhen Invoices and Claims – Claims Setup

## Insurance Company EMC Settings

In addition to the Claims settings found in the Payors area, additional claims-related information may be required at the Insurance Company level.

This is done on the EMC Settings tab from the Insurance Company area when adding or editing an Insurance Company.

*Note: If an Insurance Company is the same entity as a Payor, redundant EMC settings at this level, such as Sender and Receiver ID, do not need to be repeated if previously entered at the Payor level.*



The screenshot shows the 'Edit Insurance Record [Assured Medical Insurance]' window with the 'EMC Settings' tab selected. The 'Payor Id' field is highlighted with a purple box, and a callout note points to it. The callout note reads: 'If the insurance company's claims will be sent through a clearing house, the Payor ID will be used to identify where the claims should be directed at that level.'

| Field                        | Value                    |
|------------------------------|--------------------------|
| Sender ID:                   |                          |
| Receiver ID:                 |                          |
| Submitter Id:                |                          |
| Receiver Name:               |                          |
| Receiver ID:                 |                          |
| Payor Name:                  |                          |
| Payor Id:                    | 12345                    |
| Insured Group Name:          |                          |
| Claim Indicator:             |                          |
| Use Attending Phys (Inst):   | <input type="checkbox"/> |
| Use Rendering Phys (Prof):   | <input type="checkbox"/> |
| Use Referring Phys (Prof):   | <input type="checkbox"/> |
| Max Lines Per Claim:         |                          |
| Use Service Time:            |                          |
| Use Charge Code Description: |                          |
| Use Taxonomy Code:           | <input type="checkbox"/> |
| Itemize Detail:              | <input type="checkbox"/> |

\* required 📄 read only

Buttons: Save, Save & Close, Cancel