



REVENUE CYCLE PROCEDURE

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Procedure Name:	CREDENTIALING PROCESS
Procedure Number:	001
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	10/16/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure describes the process for the initial credentialing for mental health providers, as well as the re-credentialing process.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor- RCSup
 Revenue Cycle Specialist- RCS
 Revenue Cycle - RC
 Accounts Payable- AP
 Accounts Receivable – AR

The gathering and assessing of necessary documentation is the responsibility of the RCS, with the assistance of the RCSup, Program Director or other staff. The credentialing procedure gathers information that substantiates a clinician's educational and professional work-related history, and submits required paperwork to insurance companies to credential and affiliate the new provider with FCC. The RCS is responsible for maintaining appropriate and secure files containing all relevant information related to the credentialing of staff.

PROCEDURE

1. The credentialing process starts when FCC hires a new provider. Once FCC has made this decision, the Director/Coordinator of that program requests the credentialing for the provider.
2. RCS requests the following information from the new provider: provider's name, credentials, license, program name, social security number, date of birth, city/state/country



of birth, home and work phone numbers, and the specialty of his/her work, copies of license and resume, education and previous work experience, along with a completed MN Uniform Credentialing application which will include signatures on various consent/release forms for insurance companies

3. The RCSup will apply for an NPI for the provider
4. Once NPI is assigned to the provider, the RCS will begin the process of credentialing
5. RCS will contact contracted insurance companies that FCC is contracted with for provider credentialing packets for the new provider. Most forms are kept in the Credentialing folder: *Revenue Cycle/General Revenue Cycle Mgmt/Credentialing/Provider Credentialing/Payer information*. Some applications may be completed online. Most insurance companies will credential a provider to their insurance network within 30 – 60 days; others take as long as 160 days. The RCS will complete and compile the necessary paperwork for each of the contracted insurance companies, requesting the newly hired/newly credentialed staff to participate as needed.
6. Re-credentialing is performed when the RCS receives notification by an insurance company, that certain staff members are due to be re-credentialed. RCS will follow the same procedure as for initial credentialing.
7. Providers are asked to notify the RCS if there is an insurance company they find that we are not in the network for and research will commence on whether FCC can be added to the network, provided the contract and fee schedule is deemed financially viable by the Chief Financial Officer, Chief Executive Officer and RCSup.
8. Once the credentialing process is complete, the insurance companies will notify either the provider or the RCS of the credentialing approval - and the provider can now bill independently for services without a supervisors signature.
9. A credentialing spreadsheet is maintained in the Revenue Cycle folder: *Revenue Cycle/General Revenue Cycle Mgmt/Credentialing/Provider Credentialing/Credentialing Procedure*.
10. Copies of the approval letters are scanned and kept in each of the provider's folders for easy reference.

GETTING HELP

Contract Revenue Cycle at x686.

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Procedure Name:	EOM REVENUE CYCLE/ ACCOUNTING REPORTS
Procedure Number:	002
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

End of month reporting in order to complete the billing process and to supply information for month end financial performance.

AREAS OF RESPONSIBILITY

- Family & Children's Center - FCC
- Revenue Cycle Supervisor - RCSup
- Revenue Cycle Specialist - RCS
- Revenue Cycle - RC
- Accounts Payable - AP
- Accounts Receivable - AR

PROCEDURE

-	<u>Report</u>	<u>Report #</u>	<u>Notes</u>
EOM REPORTS	Trial Balance	TB	Accounting module. Select business month for dates, all programs. Look for any new payers added in last month denoted as Payer Fee Type AA-NONE and fix and re-run. Export to excel, choose save not open, save as .xlsx, add date range to top, delete long lines, format to fit columns + add column for adjusted gross billings using formula: =E6-SUM(Q6:R6,U6:W6) paste into F6.
	1. Total Denials Report 2. Cash Credits (C) 3. Takeback Credits [C]	TB	Run Trial Balance from 01.01.2000-business month close date. Export to EXCEL. Add total column. Delete all rows with zero in total column. Do pivot table. Add total column + format like other columns. Add program numbers for accountant.
	Procentive Collections Report	1030	Invoices on or before this date to month close date; Program/Location/Client [all else blank]; save as .pdf [Make sure that the total balances to the trial balance total - add unallocated credits to ending balance!] Print at 70%



1. DT MN - Outstanding 2. All Programs - Outstanding	1030	HTML, last day of EOM in "Invoices as of" and "Payments on or before". 1. [Program/Payer/Location] Select all DT MN Programs. Make sure program totals balance to master 1030 report. 2. Run for all programs, select program as only sort + label as Mon YYYY EOM 1030 PRO REC. Print at 70%
Pending Claims		Billing Module, Click on claims unable to bill link, Copy/paste + export to Excel [ctrl+A, ctrl+C, ctrl+V], add filter to exclude current month's DOS, pivot table with program and expected rate.
3280 Usage Report	3280	[HTML] Use "last month" in quick range as DOS, sort Program (service is related to)/location (of service)/code, save as .pdf
Refund + Interest Report		Refunds/NSP module, Advanced search by postdate [use business month dates], then sort by transaction type, print preview to print only selected frame @ 85%, save to .pdf
Write-off Report	1275	Run by date posted/business month [let accounting know if there are any errors]
Takeback Report	1370	In excel, use Date Payment Posted equal to business month, all other fields blank, run pivot table by program + takeback
Monthly Adjustments by Program	1370	Use same report as above - pivot by program + adjustments, add column for % of adjustments to total
DWD Payments Report	1370	HTML. Run for payments posted last business month for payer DWD. Payer/Client/Staff/Code/Service Date/Invoice Amount/Amount Paid. Send to Louise Campbell
Rep Payee Billings Report	1010	To monitor rep payee/CSP charges, put in EOM folder for accounting. DOS/Date Invoiced/Payer/Program/Location/Staff/Client/Code/Units/Amount/Chg RVRSA/Balance/Invoice Number
CCS Report - OP	1010	To monitor contract usage/limits to not spend more than we are allowed.
CCS Report - DT GVC	1010	To monitor contract usage/limits to not spend more than we are allowed.
Provider Units of Service Report [CSP-LAX]	5970	Run this report for the appropriate Month/Year for each of the 3 WRIC locations [CSP-LAX, JAX, and MON]. Use the WRIC program for all three reports. NEVER USE THE CSP WWC PROGRAM DATA IN THIS REPORT! - <i>Send all 3 reports to La Crosse County Finance</i>
Provider Units of Service Report [CSP-JAX]	5970	Run this report for the appropriate Month/Year for each of the 3 WRIC locations [CSP-LAX, JAX, and MON]. Use the WRIC program for all three reports. NEVER USE THE CSP WWC PROGRAM DATA IN THIS REPORT! - <i>Send all 3 reports to La Crosse County Finance</i>
Provider Units of Service Report [CSP-MON]	5970	Run this report for the appropriate Month/Year for each of the 3 WRIC locations [CSP-LAX, JAX, and MON]. Use the WRIC program for all three reports. NEVER USE THE CSP WWC PROGRAM DATA IN THIS REPORT! - <i>Send all 3 reports to La Crosse County Finance</i>



	Services Not Eligible for MA Report	8035	HTML. Quick Range: "Last Month," or date needed. Leave Clients, Staff, and Payers blank. Code: "CSPJVL." Program: "Community Support Program - WRIC". Location: "CSP-LAX+CSP-JAX+CSP-MON". Main Group: "Location". Secondary Group: "Staff". In Fields section, choose "Units". Display and Save. DO NOT USE THE CSP WWC PROGRAM DATA IN THIS REPORT! - <i>Send to La Crosse County Finance</i>
	PPS Spreadsheet	8030	3 TABS - Run the 8030 report for "Last Month" and the main group of "Location." Location: CSP-JAX, CSP-LAX, CSP-MON. Codes: Pick all H0039. Program: CSP-WRIC. Choose the following fields - DOS, Staff, Client, Modifiers, Units, and Place of Service. Copy to Excel, format and save. This data is entered into the state's PPS system. The OC clients are included. - <i>Send to La Crosse County Finance</i>
	WRIC CSP Late Charges	1010	Run for charges billed in business month for dates of service prior. Fields: location/DOS/staff/client/code/units/POS
	Update WRIC payment distribution spreadsheet	1470	search for CSP-W to get remits, run 1470 report to get distribution between WRIC and OC; submit to <i>La Crosse County Finance</i>
	Vernon - Provider Units of Service Report	5970	.PDF. Run appropriate Month/Year (default is Last Month and This Year). Program: CSP-Viroqua. Email to <i>Vernon County Finance</i>
	Vernon Per Member Per Month - Capitation	8035	Excel. Quick Range: Last Month. Leave Clients, Codes, Staff, and Payers blank. Program: Community Support Program - VERN. Location: CSP-VER. Main Group: Client. Choose "Hours" in the Fields section. Display. Filter header by client, remove blank lines. Add a column named "Rate" to the right of each client's total hours with \$34 as the value. Add another column to the right "Total" with a formula that multiplies the total hours by \$34, giving a total dollar amount per client and grand total at bottom. Email to: <i>Vernon County Finance</i>
	CSP Direct Contact Report - Billable	8035	HTML. DOS: Last month, Program: WRIC/VERN + OC, Location [Three Reports 1. JAX + MON 2. LAX 3. VER], Billable Only, Main Group Staff, Fields: Hours OR HTML. DOS = Last Month. Program: All 4 CSP Programs. Location = All 4 locations. One report for billable and a 2nd report for non-billable. Fields = Hours. Save in EOM/CSP folder in .PDF at 80%. Send to FCC Accounting.
	CSP Direct Contact Report – Non Billable	8035	1. JAX + MON 2. LAX 3. VER
	Run Monthly Statements	3560	All programs, all dollar amounts, due in mail by 15 th of each month.
Quarterly	Capitation Payments by Program	1370	For DF to determine how to allocate capitation payments by % of total capitation payments received by program, Run 1370 report for payments posted last quarter, and do pivot table on capitation payment by program. Divide each program by total to get %.
	MN Care Tax Report	1190	OP-W + OP-R Only, exclude Medicare as payer. Sort: Staff, Payer. 2%. Detailed.



GETTING HELP

Contact Revenue Cycle staff at x686

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Procedure Name:	BILLING CROSSWALK
Procedure Number:	003
Domain:	Revenue Cycle
Approved By:	Ann McDonald, CFO
Created/Written By:	Katie Butterfield, Revenue Cycle Supervisor
Effective Date:	6/3/2019
Date(s) of Revision:	
References:	Billing Crosswalk

STATEMENT OF PURPOSE

The purpose of this procedure is to provide description of the Billing Crosswalk's intended use.

AREAS OF RESPONSIBILITY

The Revenue Cycle Department is responsible for updates to the Billing Crosswalk procedure as needed, based on information provided by program staff or Revenue Cycle research.

During orientation, Program Coordinators/Supervisors are responsible for introducing new staff to the Billing Crosswalk and explaining its functionality as it relates to their program.

PROCEDURE

The Billing Crosswalk is intended to be a general guideline for all FCC programs in regards to billing services to insurance, counties and clients themselves. The crosswalk includes details of rates, service limitations, license/degree information, and description of services, examples of billable services and forms that accompany the service provided. The target audience is new staff in any given program, but current staff may find the crosswalk useful as they work to grow and expand programming.

GETTING HELP

Revenue Cycle x686

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Procedure Name:	NEW CLIENT - PROCENTIVE
Procedure Number:	101
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Provides instructions on how to add a new client into our EHR system, Procentive.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE




1. In the 'Clients' module, do a search for all active and inactive clients to see if the client already exists. Consider alternate spellings for names with multiple ways to spell a name.
2. Clients are added into Procentive with as much accurate/real data as possible. Some programs; however – do not have access or it is not necessary to have more information than name alone. The grid below gives direction on which program uses which type of data.

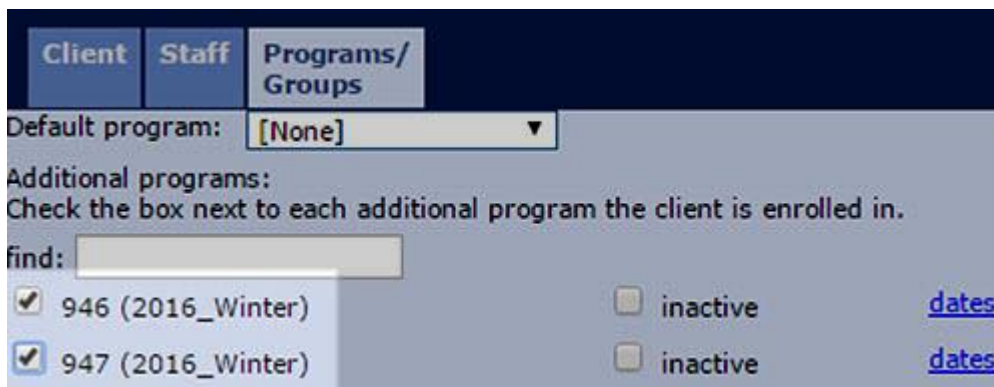
Name	Real Client Data	Bogus Client Data
ARMHS - Adult Rehab MH Services – Winona	x	
CCS Strive Vernon/Crawford	x	
Community Support Program - La Crosse	x	



Community Support Program - OC/LAX JAX MON	x	
Community Support Program - OC/VERN	x	
Community Support Program - VERN	x	
Community Support Program - WRIC	x	
Day Treatment - Adolescent - Winona	x	
Day Treatment - Bridges - Winona	x	
Day Treatment - Elementary - Winona	x	
Day Treatment - La Crosse	x	
Day Treatment - Mid-Level - Winona	x	
Day Treatment YNC - Rochester	x	
Day Treatment YNC - Winona	x	
Domestic Abuse Program	x	
GVC Tenants	x	
Healthy Families	x	
Hiawatha Hall	x	
Hope Academy		x
Intensive Tracking Program - Winona		x
Outpatient Services - La Crosse	x	
Outpatient Services - Rochester	x	
Outpatient Services - Viroqua	x	
Outpatient Services - Winona	x	
Residential Care Center		x
Respite – CMN		x
Respite - Community		x
Respite - Outside/Crisis - WI		x
Supervised Visitation		x
Supported Employment - CCS		x
Supported Employment - WESTAT		x
Treatment Foster Care - Minnesota		x
Treatment Foster Care - Wisconsin		x
Youth ACT	x	
Youth Home		x



3. Click the **Client Module** .
4. Click **Add** .
5. Complete the following fields.
 - **Intake Date and Date of Illness:** *Use actual dates if available, otherwise use the first of the month prior to the first date of service*
 - **First Name**
 - **Last Name**
 - **Zip Code:** *Tip: Fill in the zip code, then tab to the next field on the screen. Procentive will automatically fill in the city, state and county fields.*
 - **Address:** Fill in street address. [If bogus, use 1707 Main St, La Crosse, WI 54601]
 - **Sex:** Make a choice.
 - **Date of Birth:** MM/DD/YYYY [If bogus, use 01/01/1900]
 - Release of Medical Billing data
6. Click the **Staff Tab**.
 - To the right of the Staff field, click the **pick list** button .
 - Find provider name on the list.
 - Click name once. It will be highlighted in a darker blue, click ok.
7. Click the **Payer Tab**.
 - Click **Add**
 - Search and select correct payer
 - Add applicable group, ID numbers and eligibility dates
8. Click on the **Programs/Groups tab**.
 - Click the checkbox next to the applicable program.



The screenshot shows the 'Programs/Groups' tab selected in a software interface. At the top, there are three tabs: 'Client', 'Staff', and 'Programs/Groups'. Below the tabs, there is a 'Default program:' dropdown menu currently set to '[None]'. Underneath, the text reads 'Additional programs: Check the box next to each additional program the client is enrolled in.' There is a 'find:' search box. Below that, there is a list of programs with checkboxes and 'inactive' status, and a 'dates' link for each.

Program ID	Program Name	Checkbox	Status	Action
946	(2016_Winter)	<input checked="" type="checkbox"/>	inactive	dates
947	(2016_Winter)	<input checked="" type="checkbox"/>	inactive	dates



10. Click **Save** to complete the process. The window will close. You will return to the main window in the Client Module and you should see the client you just added to the system.
 - If you do not immediately see the client you added, click on the Clients link on the left side of the screen. This will refresh the screen, and make your client visible. *(Tip: Clicking the "F5" key on your keyboard will also refresh the screen).*

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	INSURANCE VERIFICATION
Procedure Number:	102
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Devon Lasko
Effective Date:	10/16/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure client insurance information is current and accurate before claims process in an effort to avoid/minimize eligibility denials, as well as to document funding source for each charge.

AREAS OF RESPONSIBILITY

Family & Childrens Center – FCC
 Revenue Cycle Supervisor- RCSup
 Revenue Cycle Specialist- RCS
 Revenue Cycle - RC
 Accounts Payable- AP
 Accounts Receivable - AR

PROCEDURE

Verify eligibility through insurance verification is to be completed within the first week of every month to ensure all clients have correct and active insurance.

1. In Procentive → click Reports
2. Type “3400” in search box
3. Click on hyperlink “Client General Report”
4. Select report criteria
 - A. Output = Standard
 - B. Group 1 = Service Program
 - C. Sort 1 = Client Last Name
 - D. Date of Service = Last Month
 - E. Service Program= Program RC staff is doing eligibility checks for. To have multiple programs on report, hold CTRL as you pick each program needed



- F. Fields to Display = Client First Name, Client Last Name, Primary Payer, Client Number, Secondary Payer, Last Date of Service. To get all options to display hold CTRL down on keyboard and click on each
5. Click “Display” to generate report
 6. Eligibility checks are payer specific; refer to “Getting help” on last page for a list of websites for accessing each payers eligibility information.
 7. If a website is not listed refer to back of client’s insurance card for contact number. A copy of client’s insurance card should be loaded under Client -> Payer -> Enrollment -> Documents
 8. Information required for searching in payer specific websites such as birthdate, identification number, etc. is located in Procentive under Payments/Clients
 9. If given option to check date range, pick current month or whatever DOS is relevant
 10. If there is no change to client insurance information, leave note in clients account in Payers tab under Enrollment with current date stating insurance is active for current month with RCS staff initials. **Example:** 1.2.17: Per MN MA client has active insurance for January 2017-DL
 11. *If client does NOT have any insurance notify program providers and other RC staff by email or chat ASAP*
 12. If clients insurance has changed
 - A. Procentive → Clients → Payers → Enrollment – add note with date insurance has changed and what insurance is currently. **Example:** 1.2.17: Per MN MA clients insurance has termed 2.2.17 and is BCBS MN-DL
 - B. In clients account under Enrollment located on top of the screen where it states “Active” click drop down option and pick “Inactive”
 - C. Click Eligibility Dates next to Enrollment in clients account then add the date insurance changed under “To”
 - D. To add a new payer to clients account refer to Procedure RC100-Registration/Intake/New Client
 - E. Save all changes in clients account, save is located near bottom right screen next to Help and Cancel

GETTING HELP

Payer	Website
BlueCross BlueShield MN & WI	https://apps.availity.com



Forward Health [WI MA]	https://www.forwardhealth.wi.gov
MNIT'S [MN MA]	https://mn-its.dhs.state.mn.us
Mayo Health Solutions	https://www.mayoclinichealthsolutions.com
UCare	https://www.ucare.org/Pages/default.aspx
United HealthCare	https://provider.linkhealth.com
Quartz	https://myplantools.com/Portal.aspx
Tri Care	www.mytricare.com

Or Contact Revenue Cycle at x686

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Procedure Name:	PRIOR AUTHORIZATION: INCLUSA
Procedure Number:	103
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Process for obtaining authorizations according to payer guidelines, in order to minimize denials and receive payment in a timely manner.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

All claims submitted to Inclusa must have a prior authorization. Claims will be denied without a correct/current authorization. To verify prior authorizations have been approved go to the Inclusa portal.

Provider Authorization Confirmation

Authorizations that have not been confirmed will not appear on the authorizations page. Instead, a provider authorization confirmation box will be shown at the top of the authorizations page. Only staff authorized to confirm authorizations will be able to do so.

1. Select view unconfirmed authorizations

Provider Authorization Confirmation

004 has 236 authorizations that require confirmation. Authorizations that are unconfirmed will not be visible on this page.

[View Unconfirmed Authorizations](#)

2. You will be taken to the unconfirmed authorizations page

Select All will confirm authorizations displayed on the current page. To confirm additional authorizations you will need to load the next page or change the number of authorizations displayed on the page.

Select / Deselect All	First Name	MI	Last Name	Birth Date	Start Date	SPC Code	SPC Description	Units	Change Date
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	09/12/1922	10/17/2016	10710	Transportation- Medical	2	09/29/2016
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	05/27/1950	10/03/2016	10710	Transportation- Medical	1	09/29/2016
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	05/27/1950	10/03/2016	10711	Transportation- Medical-Miles	30	09/29/2016

Select / Deselect All
 # Authorizations matching your search criteria

« ◀ 1 2 3 4 5 ▶ »
Authorizations per page: 10 ▼

[Confirm](#)

3. Review the authorization

- a. Double clicking on the authorization opens an authorization details window

Authorization Details x

Authorization ID: REQUIRES ACCEPTANCE
Provider Name (ID): ██████████ Transportation Medical and non-Medical (004E)

Member ID/WPS Alt ID: ██████████
Member Name: ██████████
Date of Birth: 07/07/1957

Start Date: 10/10/2016
End Date: 10/10/2016

Units Approved: 2
Unit Type: Each
Frequency: ONCE

SPC Code: 10710
SPC Description: Transportation- Medical

Procedure/Service Code: T2003
Modifier 1: RD
Modifier 4:

Rates:

Rate	Start Date	End Date
18.50	1/1/2016 12:00:00 AM	12/31/2016 12:00:00 AM

Contacts:

4. Select the checkbox for each authorization you are accepting or select all
5. Select the Accept button
6. Choose view accepted authorizations to go back to the authorizations page

Authorizations

Member Name: ▼

SPC Code: ▼

WPS Status: ▼

Start Date: to

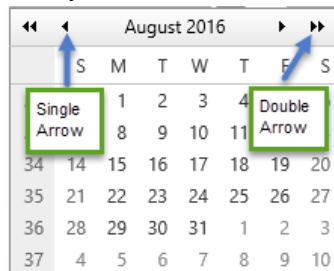
End Date: to

Valid Between and

7. A user can select one or more of the following filters to apply to change the authorizations displayed:
 - a. Member Name: user can select an individual member from the drop down and view all authorizations for that member. A user can type directly into the member name

field using any part of the members first or last name (example: enter 'John' results could include members with the first name John or Johnathan or members with the last name Johnson)

- b.** Pending: An authorization that has been entered into Includa's authorization system but not sent to and accepted by WPS. Claims cannot be submitted against a pending authorization
- c.** Accepted: An authorization that has been sent to and accepted by WPS. Claims can be submitted against this authorization
- d.** Cancelled: An authorization that was sent to and accepted by WPS and was later cancelled in Includa's authorization system. Claims cannot be submitted against this authorization
- e.** Pending-Revised: An authorization that has been revised but not sent to and accepted by WPS. Claims cannot be submitted against this authorization
- f.** Start Date Range: A user can enter a Start date range and view all authorizations that have a start date that falls within or on the date range selected.
- g.** End Date Range: A user can enter an End date range and view all authorizations that have an end date that falls within or on the date range selected
- h.** Valid Between: A user can select a date range and view all authorizations that contain any valid date that falls between or on the two selected dates. A valid authorization date is any date on or between the authorization start and end date
- i.** Calendar: By selecting the single arrow, the system will move the date forward or backwards by 1 month. By selecting the double arrow, the system will move the date forward or backwards by 3 months



- j.** To apply the selected filters, select the filter button
- k.** To clear selected filters, select the Clear button. Selection of the clear button will remove all applied filters. A user will need to make a new filter selection and select filter to display new results or select filter to see all authorization results

Member Name:

SPC Code:

WPS Status

8. Authorizations Grid

- a. Navigate through authorization pages by selecting individual pages to view or using the arrow keys
- b. Change the number of authorizations displayed on the page by making a new selection in the 'Authorizations per page' dropdown
- c. Sort individual columns in the grid by clicking on the column heading (results will filter in ascending or descending order)
- d. See the total authorizations matching the search criteria in the lower right corner of the grid

Authorization ID	WPS Status	First Name	MI	Last Name	Birth Date	SPC Code	SPC Description	Change Date	Revised	Date Confirmed
100000155320	Pending				02/27/1931	10710	Transportation- Medical	09/29/2016	<input type="checkbox"/>	10/10/2016 12:00 AM
100000155173	Pending				07/07/1957	10711	Transportation- Medical	09/29/2016	<input type="checkbox"/>	10/10/2016 12:00 AM
100000155172	Pending				07/07/1957	10710	Transportation- Medical	09/29/2016	<input type="checkbox"/>	10/10/2016 12:00 AM
100000155171	Pending				07/07/1957	10711	Transportation- Medical	09/29/2016	<input type="checkbox"/>	10/10/2016 12:00 AM

9. Changed Date—The original date the authorization was entered **or** the revision date if applicable.

10. Revised—The 'Revised' checkbox indicates that an authorization has been updated/changed since it was originally sent to and accepted by WPS. The Revised indicator on an authorization will not clear once checked.

Authorization ID	WPS Status	First Name	MI	Last Name	Birth Date	SPC Code	SPC Description	Change Date	Revised	Date Confirmed
100000155320	Pending				02/27/1931	10710	Transportation- Medical	09/29/2016	<input checked="" type="checkbox"/>	10/10/2016 12:00 AM
100000155173	Pending				07/07/1957	10711	Transportation- Medical-Miles	09/29/2016	<input type="checkbox"/>	10/10/2016 12:00 AM

11. Authorization Details

- a. Double click on a row to see the authorization details; a new window opens.

Authorization ID: 100000154497
Provider Name (ID): Transportation Medical and non-Medical (004E)

Member ID/WPS Alt ID:
Member Name:
Date of Birth: 10/22/1980

Start Date: 7/1/2016
End Date: 11/30/2016

Units Approved: 5
Unit Type: Each
Frequency: WEEKLY

SPC Code: 10720
SPC Description: Transportation- Non-Medical

Procedure/Service Code: T2004
Modifier 1: RI
Modifier 4:

Rates:

Rate	Start Date	End Date
24.18	01/01/2016	12/31/2016

Contacts:

Name	Type	Phone	Email
Kelly	Social Worker		
Lynn	Nurse		

Notes:
 COULEE REGION ADC; 5 TRIPS/WK

[Print](#)

- b. Select the print button to print the individual authorization.

12. Adding Approved authorization to Procentive

- a. Client Module, Payer tab, Authorizations Sub-Tab
- b. Authorization/Date Created: Official authorization number is entered here. Date created will appear once saved.



- c. Staff: If specific to single staff, select the name of the staff here. This is usually set to [none]
- d. Rate/Unit & Expected Revenue: Typically left blank
- e. Max. Units: If there are no units entered, the number of units is unlimited. Otherwise, enter the number limit from the service agreement
- f. Codes: If no codes are selected, all codes acceptable or select whichever codes are part of the service agreement
- g. Add button - More than one service agreement/authorization
- h. Result of entering authorizations:
 - i. Time Module will only display authorized code for that client
 - ii. Will only allow provider to bill as many units as allowed by authorization
 - iii. Notifications will come up when approaching end of authorization limits

13. Updating an existing authorization

- a. If the authorization number is the same – simply increase units/update the end date
- b. If authorization is a new authorization number – create a new line

14. Pending authorizations

- a. Existing client – want new authorization or update to existing authorization
- b. Pending column check box prevents billing from going out
- c. Type in “Pending” in authorization field
- d. Enter as much data as known for requested auth., system will allow staff to continue adding service lines.
- e. When authorization arrives, Enter verified information
- f. Remove request date and request pending (set to “NO”)
- g. Remove pending check box
 - 1. Procentive will then attach authorization number to pending service lines
 - 2. The service lines now become billable.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	PRIOR AUTHORIZATION- DAY TREATMENT
Procedure Number:	104
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Devon Lasko
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Process for obtaining authorizations according to payer guidelines, in order to minimize denials and receive payment in a timely manner

AREAS OF RESPONSIBILITY

- Revenue Cycle Specialist – RCS
- Revenue Cycle – RC
- Prepaid Medical Assistance Program – PMAP
- Authorization - Auth
- Day Treatment- DT

PROCEDURE

INITIAL AUTHORIZATION REQUEST

1. An email will arrive informing RC staff of a new Day Treatment [DT] admission (email is located in Revenue Cycle email)
2. Review email and perform eligibility check
3. Load appropriate payer to client’s account
4. Prepare authorization as needed per payer:

Payer	Authorization Detail	Form Link
MN Medicaid	<ul style="list-style-type: none"> • 150-unit threshold of H2012 • 26-unit threshold of H2014 • Authorization needed after threshold met • Each DT program coorelates with different NPI 	<p>https://mn-its.dhs.state.mn.us/GatewayWebUnprotected/index.faces</p> <ul style="list-style-type: none"> • Log in under NPI that is correlated with DT program > Authorization request > submit via website • Print completed form fax to 1-866-889-6512

<p>UCare PMAP (Payer will only authorize monthly. Additional units will likely need to be requested monthly)</p>	<ul style="list-style-type: none"> • 0-unit threshold for codes H2012 and H2014 • Authorization needed immediately • RCS will fill out Member and Provider information on page 1. On page 2 RCS will fill out service requested. DT provider will fill out remaining of form. • Current Treatment Plan [TP], Diagnostict Assessment [DA], and CASII/SDQ 	<p>https://home.ucare.org</p> <ul style="list-style-type: none"> • Providers > Eligibility & Authorizations > Mental Health Outpatient Request Form • Fax to 1-855-860-9710
<p>Mayo Clinic Health Solutions (Each code will need its own form for an authorization)</p>	<ul style="list-style-type: none"> • 0-unit threshold for codes H2012 and H2014 • Authorization needed immediately • RCS wil fill out page 1 • Current Treatment Plan [TP], Diagnostict Assessment [DA], and CASII/SDQ 	<p>https://www.mayoclinichealthsolutions.com</p> <ul style="list-style-type: none"> • Providers > Provider Forms > Mental Health Admission worksheet • Fax to 1-888-889-7822

- If client has a payer that is not listed here, a call will need to be made to find out what the authorization guideline is for that payer

5. Load threshold or pending authorization in client account
 - a. Client Module > Payers > Authorization
 - b. Enter info based on type:

I. Threshold

1. Authorization field: Threshold
2. Staff: None
3. Types: None
4. Program: None



5. Max Units: Enter amount
6. From: Admit Date
7. To: End of current year or month
8. Click , search for H2012, click on code, click OK (repeat process with H2014)
9. Click add at the end of line
10. Click save at bottom of screen

II. Pending Auth

1. Authorization Field: PENDING AUTH
2. Staff: None
3. Types: None
4. Program: Load current program DT client is in
5. Max Units: Enter amount
6. From: Admit Date
7. To: End of timeframe requested
8. Pending: Check the box
9. Click , search for H2012, click on code, click OK (repeat process with H2014)
10. Click add at the end of line
11. Click save at bottom of screen

III. Update Pending Auth to Approved Auth

1. Authorization: Change to actual auth number received
 2. Type: Change to "None"
 3. Pending: Uncheck box
 4. Click save at bottom of screen
6. Keep copies of all intake and authorization paperwork

ADDITIONAL UNITS REQUEST

1. If a client has run out of units or does not have enough units to cover the upcoming month, more units need to be requested
2. Prepare additional units request as follows:



Payer	Authorization Detail	Form Link
MN Medicaid (Each code that is requested needs to be individually)	<ul style="list-style-type: none"> • Complete authorization form and submit via fax with the following supporting documentation: • Current Treatment Plan [TP] signed by client and staff, Diagnostict Assessment [DA] signed by staff, and CASII/SDQ • Check client DT program and enter correct NPI 	https://mn-its.dhs.state.mn.us/GatewayWebUnprotected/index.faces <ul style="list-style-type: none"> • Log in under NPI that is correlated with DT program > Authorization request > submit via website • Print completed form fax to 1-866-889-6512
UCare PMAP (Payer will only authorize monthly. Additional units will likely need to be requested monthly)	<ul style="list-style-type: none"> • Complete authorization form and submit via fax with the following supporting documentation: • Current Treatment Plan [TP] signed by client and staff, Diagnostict Assessment [DA] signed by staff, and CASII/SDQ 	https://home.ucare.org <ul style="list-style-type: none"> • Providers > Eligibility & Authorizations > Mental Health Outpatient Request Form • Fax to 1-855-860-9710
Mayo Clinic Health Solutions (Each code that is requested needs to be individually requested)	<ul style="list-style-type: none"> • Complete authorization form and submit via fax with the following supporting documentation: • Current Treatment Plan [TP] signed by client and staff, Diagnostict Assessment [DA] 	https://www.mayoclinichealthsolutions.com <ul style="list-style-type: none"> • Providers > Provider Forms > Mental Health Admission worksheet • Fax to 1-888-889-7822



	signed by staff, and CASII/SDQ	
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GETTING HELP

Program	NPI
Day Treatment- Adolescent- Winona	1063541274
Day Treatment- Bridges- Winona	1023290772
Day Treatment- Elementary- Winona	1972632180
Day Treatment- Mid-level- Winona	1972632180
Day Treatment- YNC- Rochester	1245360619
Day Treatment- YNC – Winona	1073842076

Contact Revenue Cycle Staff at x686.

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Procedure Name:	PRIOR AUTHORIZATION – HIAWATHA HALL/IRTS
Procedure Number:	105
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides details regarding the process for obtaining authorization for Intensive Residential Treatment Services (IRTS) at Hiawatha Hall (HH). In order to minimize denials and receive payment in a timely manner, individual payer guidelines will be outlined herein.

AREAS OF RESPONSIBILITY

The Hiawatha Hall staff maintain and complete a billing sheet to track the admits and discharges of residents in HH each month. Additionally, HH staff send a copy of new client intake information to the Revenue Cycle. Upon receiving client information, RC is responsible for verifying insurance coverage for new admissions and loading appropriate payers to the client's account. Furthermore, RC staff requests authorization for service when required by their payer.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable – AR

Prepaid Medical Assistance Program – PMAP
 Authorization - Auth



PROCEDURE

INITIAL AUTHORIZATION REQUEST/ NEW ADMISSION

1. A fax will arrive informing RC Staff of a new HH admission.
2. Review the fax and perform an eligibility check.
3. Load appropriate payer to client's account.
4. Prepare authorization as needed per payer:

Payer	Authorization Detail	Form Link
MN Medicaid (Clients may not use all 90 units of the threshold. Additional units may not need to be requested)	<ul style="list-style-type: none"> • 90-unit threshold • Authorization needed after threshold met 	Auth Form DHS-4695
UCare PMAP (Payer will only authorize 30/31 units at a time. Additional units will likely need to be requested monthly)	<ul style="list-style-type: none"> • 0-unit threshold • Authorization needed immediately • RC completes page 1 of form • HH staff helps complete page 2 of form • No clinical documentation required for initial admission 	Notice of Admission Form
Blue Cross PMAP (Payer typically authorizes 90units at a time. Additional units may not need to be requested)	<ul style="list-style-type: none"> • 0-unit threshold • Authorization needed immediately • Treatment Plan (TP) and Diagnostic Assessment (DA) required for initial auth. (if not available immediately, submit form with a note that TP & DA will follow) 	Authorization Request Form
Health Partners PMAP (Payer will only authorize 45 units at a time. Additional units will likely need to be requested at some point)	<ul style="list-style-type: none"> • 0-unit threshold • Authorization needed immediately • Send fax with following info: <ul style="list-style-type: none"> ○ Admit Date ○ Diagnosis Code ○ Service Code ○ TP and DA 	NONE Fax #: 952-853-8830

- If client has a payer that is not listed here, a call will need to be made to find out what the admission/authorization guideline is for that payer.
5. Load threshold or pending authorization in client account
 - a. Client Module > Payers > Authorizations



- b. Enter info based on type:
 - i. Threshold
 1. Authorization field: blank
 2. Staff: Hiawatha Hall
 3. Type: Threshold
 4. Program: Hiawatha Hall
 5. Max Units: Enter amount (90 for MN Medicaid)
 6. From: Admit Date
 7. To: End of Current Year
 8. Click , search for H0019, click on code, click OK
 9. Click Add at end of line
 10. Click save a bottom of screen
 - ii. Pending Auth
 1. Authorization field: PENDING AUTH
 2. Staff: Hiawatha Hall
 3. Type: Pending Auth
 4. Program: Hiawatha Hall
 5. Max Units: Enter amount
 6. From: Admit Date
 7. To: End of timeframe requested
 8. Pending: Check the box
 9. Click , search for H0019, click on code, click OK
 10. Click Add at end of line
 11. Click save a bottom of screen
 - iii. Update Pending Auth to Approved Auth
 1. Authorization: Change to actual auth number received
 2. Type: Change to "None"
 3. Pending: Uncheck box
6. Keep copies of all intake and authorization paperwork

ADDITIONAL UNITS REQUEST/ CONTINUED STAY

1. After HH charges are billed each month, a review should be conducted of all current resident authorized units.



2. If a client has run out of units or does not have enough units to cover the upcoming month's stay, more units need to be requested.
3. Prepare additional units request as follows:

Payer	Authorization Detail	Form Link
MN Medicaid	<ul style="list-style-type: none"> • Complete authorization form and submit via fax with the following supporting documentation: <ul style="list-style-type: none"> ○ Current DA with 'Type' clearly labeled ○ Current Functional Assessment ○ Current Interpretive Summary ○ Current LOCUS ○ Current Signed TP (MUST BE signed by client and staff) 	Auth Form DHS-4695
UCare PMAP (Payer will only authorize 30/31 units at a time. Additional units will likely need to be requested monthly)	<ul style="list-style-type: none"> • Complete page 1 of form and fax to Ucare with the following supporting documentation: <ul style="list-style-type: none"> ○ Current DA ○ Current TP ○ Progress notes 10 from the last month 	Notice of Admission Form
Blue Cross PMAP	<ul style="list-style-type: none"> • Complete page 1 of form and fax to Blue Cross with the following supporting documentation: <ul style="list-style-type: none"> ○ Current DA ○ Current TP ○ Progress notes 10 from the last month 	Authorization Request Form
Health Partners PMAP (Payer will only authorize 45 units at a time. Additional units will may need to be requested at some point)	<ul style="list-style-type: none"> • Send fax with following info: <ul style="list-style-type: none"> ○ Admit Date ○ Diagnosis Code ○ Service Code ○ Current DA ○ Current TP ○ Progress notes 10 from the last month 	NONE Fax #: 952-853-8830

4. Load pending authorization in client account *(same as above: New Admission, Step 5)*



5. Keep copies of all authorization paperwork

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	PRIOR AUTHORIZATION –YOUTH ACT
Procedure Number:	106
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides details regarding the process for obtaining authorization for the Youth Assertive Community Treatment (Youth ACT or YACT) program. In order to minimize denials and receive payment in a timely manner, individual payer guidelines will be outlined herein.

AREAS OF RESPONSIBILITY

The Youth ACT staff maintain and complete a billing sheet to track their time spent with each client on a weekly basis. Upon receiving billing information, Revenue Cycle (RC) is responsible for verifying insurance coverage for new client in the program and loading appropriate payers to the client's account. Furthermore, RC staff requests authorization for service when required by their payer.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable – AR

Prepaid Medical Assistance Program – PMAP
 Authorization - Auth



PROCEDURE

INITIAL AUTHORIZATION REQUEST/ NEW ADMISSION

7. Prepare authorization as needed per payer:

Payer	Authorization Detail	Form Link
MN Medicaid (Clients will likely use all 75 units of the threshold. Additional units may need to be requested at some point)	<ul style="list-style-type: none"> 75-unit threshold Authorization needed after threshold met 	Auth Form DHS-4695
UCare PMAP	<ul style="list-style-type: none"> No authorization needed 	N/A
Blue Cross PMAP	<ul style="list-style-type: none"> No authorization needed 	N/A

- If client has a payer that is not listed here, make a call to find out what the admission/authorization guideline is for that payer.
8. Load threshold or pending authorization in client account
- Client Module > Payers > Authorizations
 - Enter info based on type:
 - Threshold
 - Authorization field: blank
 - Staff: None
 - Type: Threshold
 - Program: Youth ACT
 - Max Units: Enter amount (75 for MN Medicaid)
 - From: Admit Date
 - To: End of Current Year
 - Click , search for H0040, click on code, click OK
 - Click Add at end of line
 - Click save a bottom of screen
9. Keep copies of all intake and authorization paperwork



ADDITIONAL UNITS REQUEST/ CONTINUED SERVICE

6. After Youth ACT charges are billed, a monthly review should be conducted of all current program participants and their authorized units.
7. If a client 10 or less units remaining, more units need to be requested.
8. Prepare additional units request as follows:

Payer	Authorization Detail	Form Link
MN Medicaid (Maximum of 120 day span may be requested per auth)	<ul style="list-style-type: none"> • Complete authorization form and submit via fax with the following supporting documentation: <ul style="list-style-type: none"> ○ Current DA with 'Type' clearly labeled ○ Current Functional Assessment ○ Current Interpretive Summary ○ Current Signed TP (MUST BE signed by client and staff) 	Auth Form DHS-4695

9. Load pending authorization in client account
 - a. Authorization field: PENDING AUTH
 - b. Staff: None
 - c. Type: Pending Auth
 - d. Program: Youth ACT
 - e. Max Units: Enter amount
 - f. From: Start of timeframe requested
 - g. To: End of timeframe requested
 - h. Pending: Check the box
 - i. Click , search for H0019, click on code, click OK
 - j. Click Add at end of line
 - k. Click save a bottom of screen
10. Upon auth approval from insurance, update Pending Auth to Approved Auth
 - a. Authorization: Change to actual auth number received
 - b. Type: Change to "None"
 - c. Pending: Uncheck box
11. Keep copies of all authorization paperwork



GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	CHARGE CAPTURE: DAY TREATMENT
Procedure Number:	201
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Rebecca Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Process to file Day Treatment charges according to payer guidelines in order to minimize denials and receive payment in a timely manner. This procedure excludes payer contracts that cover Olmsted County/Rochester Youth Night Campus, Winona County/Winona Youth Night Campus, and Winona Area Public Schools/Individual Education Plans.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Ensure that client exists in Procentive. Client Services Specialist [CSS] or RCS verifies that the client is loaded into Procentive using data elements such as date of birth and name to ensure it's the correct client. If the client is already loaded in Procentive, verify that all of the information is loaded correctly. If the client does not exist, add client to 'Client' module.
2. Verify the eligibility of the client with applicable funding source; and that all insurance information is loaded correctly.
3. Location: applicable place of service
4. Staff: Name of provider
5. Client: Name of client
6. Program: applicable program
7. Code: applicable service provided



8. Diagnosis: primary dx is pre-determined in client module
9. Date: Date of service
10. Start & End Time: Leave blank
11. Units: service units provided
12. Place: Office (11)
13. Supervisor: should be loaded, if there is one needed
14. Click “save” to post charge
15. Submit charges
 - a. Highlight each payer by clicking on them (not the hyperlink)
 - b. Click ‘Check’ – this runs the charges against claim edits
 - c. On ‘Check’ tab – check box for Electronic Submission to create 837 electronic claim file or if that is not an option, create paper HCFA claim form to mail US Mail.

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE: DAY TREATMENT WINONA AREA PUBLIC SCHOOLS/IEP
Procedure Number:	202
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the weekly billing process, the guidelines within this procedure provides step-by-step instructions for completing the process of billing Winona Mid-Level/ Elementary [WAPS] Individual Education Plan [IEP] Day Treatment Program.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Ensure all clients that are on billing sheet are entered into Procentive.
2. Update Procentive to correct payer based on eligibility check.
3. Posting Charges for **IEP** Clients
 - a. Time Module: Add
 - b. Location: Winona
 - c. Staff: Provider from billing sheet
 - d. Client: Client name from billing sheet
 - e. Program: Day Treatment-Elementary-Winona or Day Treatment-Mid Level-Winona
 - f. Code: Enter from the billing sheet (codes are listed on top of billing sheet). IEP clients will use all F-Codes, such as F5010 or F5014, etc. If using code F5010 (day treatment bundle code), enter the rate manually in the box that appears just under the code. That dollar amount is taken off of the billing sheet and is



determined by how many clients are in each group. There are three groups listed on the billing sheet, with the clients that are present during each group. It is possible for each client to be present in each group; the dollar amount could be the same amount in each group.

- g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet (each page is one day of the week)
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet
 - k. Place: Office (11)
 - l. Supervisor: should be loaded, determined by credentialing of the provider.
 - m. Click “Save” to post charge
 - n. Continue with each client on the billing sheet, until each client’s charges have been posted.
4. Posting Charges for **Commercial Insurance or MA**
- a. Time Module: Add
 - b. Location: Winona
 - c. Staff: Provider from billing sheet
 - d. Client: Client name from billing sheet
 - e. Program: Day Treatment-Elementary-Winona or Day Treatment-Mid Level-Winona
 - f. Code: Enter from the billing sheet (codes are listed on top of billing sheet)
 - g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet (each page is one day of the week)
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet
 - k. Place: Office (11)
 - l. Supervisor: should be loaded, determined by credentialing of the provider.
 - m. Click “Save” to post charge
 - n. Continue with each client on the billing sheet, until each client’s charges have been posted
 - o. Make sure the total number of units, per day match the total number of units on the billing sheet each day. Add the total number of units each day to balance for the week.
5. Create Bill/Invoice
- a. Billing Module: Add



- b. Select Day Treatment-Elementary-Winona in Program dropdown and wait for Procentive to load.
- c. Highlight payers by clicking on them (not the hyperlink) following applicable billing guidelines as per required by each payer.
- d. Click “Check”
- e. Click submit.

After EOM is completed, the IEP clients will have to be logged on the IEP/IFSP Services Documentation Log [DHS-5085] found on the MN DHS website. This cannot be completed until the providers have completed the weekly logs in the clinical charting module. After this is completed, these documents along with the invoices will be e-mailed to amy.adams@winona.k12.mn.us.

GETTING HELP

Contact Revenue Cycle at x686

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Procedure Name:	CHARGE CAPTURE: DAY TREATMENT YNC - ROCHESTER
Procedure Number:	203
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the weekly billing process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing Day Treatment YNC Rochester Program.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Receivable - AR

PROCEDURE

1. Ensure that all clients on the billing sheet are entered into Procentive.
2. Update Procentive to correct payer based on eligibility check.
3. Post Charges
 - a. Time Module: Add
 - b. Location: Rochester
 - c. Staff :Provider from billing sheet
 - d. Client: Client name from billing sheet
 - e. Program: Day Treatment YNC - Rochester
 - f. Code: Enter from the Billing Sheet (codes are listed on top of billing sheet)
 - g. Diagnosis [DX]: allow to default to pre-determined primary DX
 - h. Date: Enter date from billing sheet (each page is one day of the week)
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet
 - k. Place: Office (11)
 - l. Supervisor should be loaded, determined by credentialing of the provider.



- m. Click “Save” to post charge
 - n. Continue with each client on the billing sheet, until all charges posted.
 - o. Verify the number of units match the total number of units on the billing sheet per day to balance.
4. Create bill/invoice
 - a. Billing Module: Add
 - b. Pick Day Treatment YNC- Rochester in program dropdown menu
 - c. Highlight Payers by clicking on them (not hyperlink). Skip OLMSTED COUNTY as Olmsted County contract billing is submitted during EOM process - Medicaid and commercial payers billed each week.
 - d. Click “Check”
 - e. Submit
 5. Create monthly Brass Code summary
 - a. Check invoice for balances after commercial insurance to calculate correct amount to bill, based on maximum daily in contract.
 - b. Run brass code roll up report
 - i. 1010 report on invoice dates equal to business month
 - ii. Include the following fields:
DOS/Staff/ClientID/Client/Code/Units/Amount/Invoice Number
 - iii. Add column F for Service Description - copy and paste descriptions from code module.
 - iv. Do pivot table, start on line 20, by Months/Code/Service Description/Sum of Amount.
 - v. Copy top half of brass code rollup from previous months. [Design tab, Layout group, click Report Layout, click Show in Tabular Form].
 6. Email to Olmsted County Finance contacts per contract.

GETTING HELP

Contact Revenue Cycle at x686

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Procedure Name:	CHARGE CAPTURE: DAY TREATMENT YNC – WINONA
Procedure Number:	204
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the weekly billing process, the guidelines within this procedure provide step-by-step instructions for posting charges for Day Treatment YNC - Winona Program.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Make sure all clients that are on the billing sheet are in Procentive.
2. Update Procentive to correct payer based on eligibility check.
1. Post Charges
 - a. Time Module: Add
 - b. Location: Winona
 - c. Staff: Provider from billing sheet
 - d. Client: Client name from billing sheet
 - e. Program: Day Treatment YNC - Winona
 - f. Code: Enter from the billing sheet (codes are listed on top of billing sheet.)
 - g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet (each page is one day of the week)
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet
 - k. Place: Enter place of service from billing sheet



- l. Supervisor should be loaded, determined by credentialing of the provider.
 - m. Click “Save” to post charge
 - n. Continue with each client on the billing sheet, until all clients charges have been posted, following applicable billing guidelines as per required by each payer.
 - o. Verify that the number of units per day matches the billing sheet total of units.
4. Create Bill/Invoice
- a. Billing Module: Add
 - b. Pick Day Treatment YNC- Winona in the Program drop-box
 - i. Wait for Procentive to load
 - c. Highlight all payers except Winona County DHS [YNC] by clicking on them (not the hyperlink). Winona County DHS [YNC] is submitted/billed during the end of the month process.
 - d. Click ‘Check’
 - e. Click submit.

GETTING HELP

Contact Revenue Cycle at x686

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Procedure Name:	CHARGE CAPTURE COMMUNITY SUPPORT PROGRAM CLAIMS
Procedure Number:	205
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To keep consistency in billing on a weekly basis of CSP charges and to get paid in a timely manner.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Admitting a new client
 - a. CSP social worker sends email notifying RC of a new admit into the program.
 - b. Search to see if client is already in Procentive; if not - add the client information to Procentive. If the client is already loaded in Procentive, verify that all of the information is loaded correctly in the client module.
 - c. Verify that any client, who is funded by Inlusa [Community Link/WWC] has valid prior authorization loaded for the services provided. Inlusa [Community Link/WWC] will deny any claim without prior authorization. Notify the provider if there are no units available and add a PENDING AUTH in the Authorization tab, Client module. Make sure that [Medicaid – WI (CSP UA/UB ONLY) OC PRIME] is also loaded on these clients, so that the UA/UB claims that are not covered by Inlusa [Community Link/WWC] will automatically be sent to Medicaid.



- d. If the client is a Medicaid client, make sure that the La Crosse County DHS [CSP/Cap/LC] payer is loaded in the payer tab, of the client module. In the medical tab, of the client module, there needs to be a referring physician entered, along with referring NPI.
2. Verify charges to ensure accurate account of units provided in the billing module:
 - a. Hit “Add” in the upper right hand corner. A “create new invoice” tab will open up.
 - b. Check the box in the upper right hand corner - “Do not send other payer info” and add the end date to bill through.
 - c. Location: location being: CSP – JAX, CSP – MON, CSP - LAX
 - d. Program: applicable CSP program being billed
 - e. Click on the hyperlink of the payer to verify. Scroll down each page, checking for duplicates, supervisors and units. Add correct supervisor if missing. If there is a large number of units billed, check/question the provider to make sure it is correct. Each payer will need to be checked the same way. After each payer is verified, the claims can be submitted:
 - f. Highlight payers by clicking on them (not the hyperlink) following applicable billing guidelines as per required by each payer.
 - g. Click “Check” in the lower right hand corner. Procentive will begin process of creating the invoice and another sub box will appear. Check the box for electronic submission, to send the claims electronically.
 3. Repeat the same steps for other payers and locations until all are billed.

GETTING HELP

Contact Revenue Cycle at x 686.

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Procedure Name:	CHARGE CAPTURE: CSP CAPITATION
Procedure Number:	206
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing capitation amounts for the appropriate Community Support Program (CSP) clients.

AREAS OF RESPONSIBILITY

The Revenue Cycle (RC) prepares the monthly Capitation (CAP) billing report and shares it with the CSP Leaders for their review and input. After the Revenue Cycle receives input from the CSP Leaders, RC moves forward with posting capitation charges to the appropriate client accounts.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. Open report from previous month
 Location: Accounting\EOM\EOM Reports\YEAR\MONTH
2. File > Save As
 - a. Save in folder for current month
 - b. Create folder called "CSP"
 - c. Change the month name in the document title



3. On the 3 “WRIC” tabs:
 - a. Change the month name in the upper left corner.
 - b. Change the number of days in the month in the upper left corner.
4. Review clients on the CAP report for accuracy:
 - a. If client was prorated the previous month, remove the prorate days for this month
 - b. Delete clients that were discharged last month
 - c. Add any new admits for the current month
(New admits are sent via email to the RC Email Inbox)
 - i. Add Admit Date in “Notes” column
 - ii. Calculate Pro-Rated Days and fill-in column accordingly
 - d. Update clients that were discharged during the current month
(Discharge notices are sent via email to the RC Email Inbox)
 - i. Add Discharge date in “Notes” column
 - Discharge date is counted in the # of prorated days
 - ii. Calculate Pro-Rated Days and fill-in column accordingly
 - e. Update clients that had a change in funding during the month.
(i.e. WRIC to Family Care or vice versa)
 - i. Pro-rate appropriately for dates in CSP
 - ii. List under WRIC or OC tab with effective date in ‘Notes’ column
 - iii. Update Procentive Payers
 - Family Care Clients:
 - a. WWC and MA UA/UB Payer active
 - b. La Crosse County CAP Payer inactive
 - Medicaid (MA) and County Clients:
 - a. La Crosse County CAP Payer active
 - b. Family Care and MA UA/UB Payers inactive
 - f. Update client that had a change of county during the month.
(i.e. Monroe county to La Crosse county transfer)
 - i. Pro-rate appropriately for dates in BOTH counties
 - ii. List effective date of transfer in notes column for both counties
 - g. Update client info in accordance with the “WRIC CSP Non-MA List”
Location: Accounting\EOM\EOM - Billing Docs by Program\30 - CSP
WRIC\CSP NO MA Reports
 - i. Clients listed in the top section of the Non-MA List are ‘officially’ fully funded by responsible county at full FCC rates.



- ii. Clients listed in the middle section of the Non-MA List have lost MA coverage but are not yet designated as “Official Non-MA”.
 - iii. Clients listed in the bottom section of the Non-MA List have had their MA coverage reinstated.
 - h. Check MA coverage for CSP NO MA clients
 - i. Update Capitation Report accordingly
 - ii. Update Procentive accordingly
 - i. Run 3400 Report in Procentive
 - i. CSP-WRIC
 - Output: CVS file for Excel
 - Group 1: Default Location
 - Group 2: Service Program
 - Sort 1: Client Last Name
 - Default Location: CSP-JAX, CAP-LAX, CSP-MON
 - Service Program: CSP-WRIC
 - Date of Service: Last Month
 - Fields to Display: Client First Name, Client Last Name, Primary Payer
 - Run report by clicking “Display”
 - Save Excel report in folder for current month
 - ii. CSP- OC/LAX JAX MON
 - Output: CVS file for Excel
 - Group 1: Default Location
 - Group 2: Service Program
 - Sort 1: Client Last Name
 - Default Location: CSP-JAX, CAP-LAX, CSP-MON
 - Service Program: CSP-OC/LAX JAX MON
 - Date of Service: Last Month
 - Fields to Display: Client First Name, Client Last Name, Primary Payer
 - Run report by clicking “Display”
 - Save Excel report in folder for current month
 - iii. Compare CAP Report to 3400 reports
 - a. If client is on one report but not the other:
 - a. Check Discharge info for client



- b. Check Default Location in client module
 - Update info on CAP Report accordingly
5. Update client numbering on CAP Report
 - a. Place a “1” next to the first name
 - b. Drag down to the bottom to fill in a series
6. Move numbers in columns (NO, PRO, MA)
 - a. County Clients – Number goes in NO column
 - b. MA or CSP NO MA Clients – Number goes in MA column
 - c. Prorated Clients – Number goes in PRO column
7. Send CAP report to CSP Case Managers for their review and approval
 - a. Include any questions about admits, discharges, coverage, etc.

<After report is returned from CSP Leaders>

8. Make necessary updates based on info from CSP Leaders
9. Update Client Groups for each location in Procentive to match CAP report
10. Post charges in Procentive for each location (LAX, JAX, MON)
 - a. Time > Add
 - b. Select “Group” radial button
 - c. Date: First of last month
 - d. Location: CSP – LAX or CSP – JAX or CSP – MON
 - e. Staff: Center, Family & Children’s
 - f. Supervisor: None
 - g. Code: CAPLAX, CAPJAX, CAPMON (Must match location)
 - h. Place: Office (11)
 - i. Client Group: WRIC LAX CAP, WRIC JAX CAP, WRIC MON CAP (Must match location)
 - j. Program: Community Support Program – WRIC
 - k. For each client in group, make sure that PENDMA diagnosis is not selected
 - l. Make sure the group count at the top of the time window matches the CAP report
 - m. Click ‘Save’ to post charges
 - n. Repeat Steps 10a thru 10m for each location
11. Fix prorated charges in Time
 - a. Pick location (LAX, JAX or MON)
 - b. Find client with prorated amount
 - c. Click on date hyperlink



- d. Change code from CAPLAX to CAPPRO
 - i. Code should match Location
 - e. Change amounts: Days and Rate
 - i. Rate: $450 \div$ number of days in month
 - 28 day month: 16.071 per day
 - 29 day month: 15.517 per day
 - 30 day months: 15 per day
 - 31 day months: 14.516 per day
12. Create Invoice for capitation charges
- a. Billing > Add
 - b. Choose Location (CSP-LAX, CSP, JAX, CSP-MON)
 - c. Choose Program: CSP WRIC
 - d. Check that amount for bill matches CAP Report
 - e. Highlight, click “Check”, click “Create”
 - f. Repeat for each location (LAX, JAX, MON)
13. Save an invoice for each location
- i. Billing Module
 - ii. Click “Open” in invoice column
 - iii. Save icon at top middle of page
 - iv. Save each location’s invoice
 - Title format: “<month><year> CAP <Location> Invoice <#>”
 - i.e. MAR 2017 CAP JAX Invoice 16176
 -

<After CSP La Crosse County Invoice is run.>

14. Create billing report for county-funded CSP clients
- a. Run 1010 report
 - i. Date of Invoice: Date CAP/CSP invoice ran
 - ii. Payer: La Crosse County DHS [CSP]
 - iii. Program: CSP-WRIC
 - iv. Fields to Display: DOS, Staff Credentials, Staff, Client, Place of Service, Code, Units, Amount, Invoice Number
 - v. Click “Display”

 - vi. Save report



- Location: Accounting > EOM > EOM Reports > YEAR > MONTH > CSP
- Title Format: -MONTH- -YEAR- La Crosse County CSP Clients Billed Report

15. Email all capitation reports and invoices to La Crosse County HSI Email
(Email address is on invoice)

- a. Attach CAP Report
- b. Attach invoice for each county
- c. Attach La Crosse County CSP Clients Billed Report spreadsheet

GETTING HELP

Contact Revenue Cycle with questions at x686.

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Procedure Name:	CHARGE CAPTURE: CSP REP PAYEE
Procedure Number:	207
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing rep payee charges for FCC.

AREAS OF RESPONSIBILITY

The Revenue Cycle (RC) receives a monthly billing list from the Accounts Receivable (AR) department. The Revenue Cycle prepares the client's account, posts the charges and sends them to the payer for reimbursement.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. Locate the clients on the list that have "CLI" listed next to their name
2. Check the clients account for an authorization from Inlusa for code T2025 – Financial Management Services
 - a. Open Client module
 - b. Search for client
 - c. Double-click on client (not on the hyperlink)
 - d. Go to Payers tab
 - e. Select "Inlusa" from payer drop-down box
 - f. Go to Authorizations tab
 - g. Locate the auth for T2025 for the month that is currently being posted.



3. Check that all clients are loaded to the “WWC Rep Payee” client group
 - a. Open Client Groups module
 - b. Double-click on “WWC Rep Payee” group
 - c. Click on Clients tab
 - d. Verify that all clients on list are part of client group in billing system
4. Post charges
 - a. Time > Add
 - b. Select “Group” radial button at top
 - c. Date: First of Month that is being billed for
 - d. Location: CSP-LAX
 - e. Staff: Center, Family & Children’s
 - f. Supervisor: Family Childrens Center -15WRIC
 - g. Code: T2025
 - h. Client: None
 - i. Place: Office (11)
 - j. Client Group: WWC Rep Payee
 - k. Program: CSP-OC/LAX JAX MON
 - l. Double-check that the correct clients have populated
 - m. Double-check that each client Code has an authorization number attached
 - n. Check each client’s Diagnoses box, “PENDMA” should not be highlighted
 - o. Click “Save”
5. Bill charges
 - a. Billing > Add
 - b. Program: CSP – OC/LAX JAX MON
 - c. Code: T2025
 - d. Click on Inclusa (not the hyperlink)
 - e. Click “Check”
 - f. Check the “Electronic Submission” box
 - g. Click “Create”

GETTING HELP

Contact Revenue Cycle at x686

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Procedure Name:	CHARGE CAPTURE: CCS STRIVE
Procedure Number:	208
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To document the process for billing CCS Strive CSP charges to Vernon County.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

4. Admitting a new client
 - a. CSP case manager sends email notifying RC of a new admit into the program.
 - b. Search to see if client is already in Procentive. If not – load new client in Procentive. If the client is already loaded in Procentive, verify that all of the information is loaded correctly in the client module.
 - c. Load CCS Strive as the payer, use client number as ID number.
5. Providers enter charges into Procentive themselves.
6. After End of Month [EOM], the program coordinator will notify the RCSup that the billing is complete.
7. Verify charges in 'Billing' module to ensure accurate account of units provided:
 - h. Hit "Add" in the upper right hand corner. A "create new invoice" tab will open up.



- i. Add end date of billing month so that no charges in new/current month are included in invoice.
 - j. Program: CCS Strive
 - k. Highlight payer 'CCS Strive'
8. Once invoice is generated, forward to CSP Supervisor for review of invoice to look for errors and to gain approval.
9. Once approved, run 1010 Report to match invoice amount: Date Invoiced = Today. Payer = CCS Strive. Program = CCS Strive Vern/Craw. Report Criteria:
DOS/Location/Staff Credentials/Staff/Client
ID/Client/POS/Code/Units/Hours/Amount/Invoice Number
10. Run 8030 for all Non-Billable charges: DOS = Last Month. Main Group = Staff. 2ndary Group = Client. Codes: search for 'ST NB' and select all codes - or- choose non-billable codes in dropdown. Program = CCS Strive. Report Criteria:
DOS/Code/Modifiers/Units/Hours/POS
11. Email invoice and reports to Vernon County by 3rd business day of each month.

GETTING HELP

Contact Revenue Cycle at x 686.

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Procedure Name:	CHARGE CAPTURE: OUTPATIENT
Procedure Number:	209
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Process to file Outpatient charges according to payer guidelines in order to minimize denials and receive payment in a timely manner.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Outpatient - La Crosse:
 - a. Ensure that client exists in Procentive. Client Services Specialist [CSS] or RCS verifies that the client is loaded into Procentive using data elements such as date of birth and name to ensure it's the correct client. If the client is already loaded in Procentive, verify that all of the information is loaded correctly. If the client does not exist, add client to 'Client' module.
 - b. Verify the eligibility of the client with applicable funding source; and that all insurance information is loaded correctly.
 - c. Verify Charges – Outpatient charges are entered by the provider themselves; therefore RCS is only responsible for quality checking and producing claims/claim files to be sent to funding sources. Narrow down applicable charge in Time Module using the following criteria:
 - i. Date: enter current dates or service to verify or last day of month for which claims are being generated for to catch all current and late charges



- ii. Location: Grandview Center
 - iii. Staff: All
 - iv. Program: Outpatient Services – La Crosse
 - v. Click on the client column, Procentive will sort by client. Scroll down through each client, checking for duplicate dates of service/time lines. If there is a duplicate, delete the line that does not have a note attached to it. There will be a red box, instead of the green box between the program column and the \$ column. Verify that all units = 1. The only service that could have multiple units is CCS.
- d. Submitting claims
- i. Open billing module
 - ii. Click “Add” in the upper right hand corner. The “create new invoices” tab will open.
 - iii. Pick the date(s) that you are billing
 - iv. Location: Grandview Center
 - v. Program: Outpatient Services – La Crosse
- e. Review Charges - click on the hyperlink of the payer you want to verify. Scroll through charges to check for duplicates and the number of units. After each payer is verified, the claims can be submitted.
- f. Submitting charges
- i. Highlight each payer by clicking on them (not the hyperlink)
 - ii. Click ‘Check’ – this runs the charges against claim edits
 - iii. On ‘Check’ tab – check box for Electronic Submission to create 837 electronic claim file or if that is not an option, create paper HCFA claim form to mail US Mail.
2. Repeat the same steps for Outpatient Winona:
- a. Location: Winona
 - b. Program: Outpatient Services - Winona
3. Repeat the same steps for Outpatient Viroqua:
- a. Location: Viroqua
 - b. Program: Outpatient Services - Viroqua

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE – YOUTH HOME
Procedure Number:	210
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To document the process for billing Youth Home [YH] room and board charges.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC

Revenue Cycle Supervisor - RCSup

Revenue Cycle Specialist - RCS

Revenue Cycle - RC

Accounts Payable - AP

Accounts Receivable - AR

PROCEDURE

1. In 'Clients' module, choose Program: Youth Home
2. Compare billing log with clients active in Procentive to be sure that all are active. Load any new clients admitted during the past month.
3. Verify that the correct county of financial responsibility is loaded in 'Payer' tab.
4. Program Tab: add client to program and client group = Youth Home.
5. Post charges
 - a. Time + Add
 - b. Select 'Group' radio button at top
 - c. Date: First of Month that is being billed for
 - d. Location: Weston
 - e. Staff: Center, Family & Children's
 - f. Code: RBYH
 - g. Client Group: Youth Home
 - h. Program: Youth Home



- i. Units: Number of days in care
 - j. Click "Save"
6. Correct start date if client was admitted mid-month to actual admit date.
7. Bill charges
 - a. Billing + Add
 - b. Program: Youth Home
 - c. Highlight all payers that load
 - d. Click "Check"
 - e. Click "Create"
 - f. Print and mail/email invoices to county responsible.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	CHARGE CAPTURE- TREATMENT FOSTER CARE WI/MN
Procedure Number:	211
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To document the process for billing Treatment Foster Care [TFC] charges in our programs in both Wisconsin and Minnesota.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

TFC - WI

8. In 'Clients' module, choose Program: Treatment Foster Care - Wisconsin
9. Compare billing log with clients active in Procentive to be sure that all-active. Load any new clients admitted during the past month.
10. Verify that the correct county of financial responsibility is loaded in 'Payer' tab.
11. Program Tab: add client to program and client group = TFC WI.
12. Post charges
 - a. Time + Add
 - b. Select 'Group radio button at top
 - c. Date: First of Month that is being billed for
 - d. Location: Grandview
 - e. Staff: Center, Family & Children's
 - f. Code: TFCWA [this is the only code billed for TFC – WI]



- g. Client Group: TFC WI
 - h. Program: Treatment Foster Care - Wisconsin
 - i. Units: Number of Days in care
 - j. Click "Save"
13. Bill charges
- a. Billing + Add
 - b. Program: Treatment Foster Care - Wisconsin
 - c. Highlight all payers that load
 - d. Click "Check"
 - e. Click "Create"
 - f. Print and mail/email invoices to county responsible.

TFC – MN

1. In 'Clients' module, choose Program: Treatment Foster Care - Minnesota
2. Compare billing log with clients active in Procentive to be sure that all-active. Load any new clients admitted during the past month.
3. Verify that the correct county of financial responsibility is loaded in 'Payer' tab.
4. Program Tab: add client to program and client group = TFC MN.
5. Post MAPCY charges
 - a. Time + Add
 - b. Select 'Group' radio button at top
 - c. Date: First of Month that is being billed for
 - d. Location: Winona
 - e. Staff: Center, Family & Children's
 - f. Code: TFCMP
 - g. Client Group: TFC MN
 - h. Program: Treatment Foster Care - Minnesota
 - i. Units: Number of Days in care
 - j. Click "Save"
 - k. In 'Time' module sort for charges posted with this code. Open each line to add the custom MAPCY rate, and update rate to multiply custom rate by number of days in care.
6. Post ADMIN charges
 - a. Time + Add
 - b. Select 'Group' radio button at top



- c. Date: First of Month that is being billed for
 - d. Location: Winona
 - e. Staff: Center, Family & Children's
 - f. Code:
 - i. TFCMAS for standard foster care admin
 - ii. TFCMAT for treatment foster care admin
 - g. Client Group: TFC MN
 - h. Program: Treatment Foster Care - Minnesota
 - i. Units: Number of Days in care
 - j. Click "Save"
7. Bill charges
- a. Billing + Add
 - b. Program: Treatment Foster Care - Wisconsin
 - c. Highlight all payers that load
 - d. Click "Check"
 - e. Click "Create"
 - f. Print and mail/email invoices to county responsible.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	CHARGE CAPTURE: ARMHS
Procedure Number:	212
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht, Revenue Cycle Specialist Katie Butterfield, Revenue Cycle Specialist
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides step-by-step instructions for completing the process of billing Adult Rehabilitative Mental Health Service (ARMHS) charges each week according to applicable billing guidelines as required by each payer. Following this procedure will ensure timely submission of claims.

AREAS OF RESPONSIBILITY

The ARMHS providers maintain and complete a billing sheet for their time spent with ARMHS clients. The Revenue Cycle (RC) staff post billable charges into patient accounting system weekly. Additionally, RC staff will complete insurance eligibility checks for all ARMHS clients at the beginning of each month. RC staff will update payers and authorizations for each client during monthly eligibility checks.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. ARMHS providers send their billing sheets to the Revenue Cycle email inbox by Tuesday of each week for services from the week prior
 - a. Open Email, then open attached billing sheet
 - b. Save copy of billing sheet to: Accounting\EOM\EOM - Billing Docs by Program\54 – ARMHS + IL MN\



- c. Close billing sheet and exit out of email
 - d. Move email from Inbox to monthly billing folder within RC mailbox
2. Post charges:
- a. Time > Add
 - b. Select 'Individual' radial button at the top
 - c. Location: Winona
 - d. Staff: Name from Billing Sheet
 - e. Client: Name from Billing Sheet
 - f. Program: ARMHS
 - g. Code: Exact code from billing Sheet
 - h. Units: Exact number from billing sheet
 - i. Place of Service: Exact place from billing sheet
 - j. Supervisor: Clinical Supervisor
 - k. Click "Save"
 - l. Complete steps C-K for each code, each client
3. Create Bill/Invoice
- a. Billing > Add
 - b. Select "ARMHS" in the Program drop-box
 - c. Verify that charges match amounts on billing sheets
 - d. Highlight Payers by clicking on them (not the hyperlink)
 - e. Click "Check"
 - f. Check box for "Electronic Submission"
 - g. Click "Create"

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE – HOPE ACADEMY
Procedure Number:	213
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/15/2007
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To document the process for billing Hope Academy [HA] charges.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. In 'Clients' module, choose Program: Hope Academy
2. Compare billing log with clients active in Procentive to be sure that all are active. Load any new clients admitted during the past month.
3. Verify that the correct county of financial responsibility is loaded in 'Payer' tab.
4. Program Tab: add client to program and client group = Hope Academy.
5. Post charges
 - a. Time + Add
 - b. Select 'Group' radio button at top
 - c. Date: First of Month that is being billed for
 - d. Location: Grandview
 - e. Staff: Center, Family & Children's
 - f. Code: F1202 Hope Academy Tuition
 - g. Client Group: Hope Academy
 - h. Program: Hope Academy



- i. Units: Number of days in care
 - j. Click “Save”
6. Correct start date if client was admitted mid-month to actual admit date.
7. Bill charges
 - a. Billing + Add
 - b. Program: Hope Academy
 - c. Highlight all payers that load
 - d. Click “Check”
 - e. Click “Create”
 - f. Print and mail/email invoices to county responsible.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	CHARGE CAPTURE: YOUTH ACT
Procedure Number:	214
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht, Revenue Cycle Specialist Katie Butterfield, Revenue Cycle Specialist
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides step-by-step instructions for completing the process of billing Youth Assertive Community Treatment (Youth ACT or YACT) charges each week according to applicable billing guidelines as required by each payer. Following this procedure will ensure timely submission of claims.

AREAS OF RESPONSIBILITY

The Youth ACT providers maintain and complete a billing sheet for their time spent with Youth ACT clients. The Revenue Cycle (RC) staff post billable charges into patient accounting system on a weekly basis. Additionally, RC staff will complete insurance eligibility checks for all Youth ACT clients at the beginning of each month. RC staff will update payers and authorizations for each client during monthly eligibility checks.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

4. Youth ACT providers send their billing sheets to the Revenue Cycle email inbox by Tuesday of each week for services from the week prior
 - a. Open Email, then open attached billing sheet
 - b. Save copy of billing sheet to: Accounting\EOM\EOM - Billing Docs by Program\44 - Youth ACT\<current year>\<current month>



- c. Close billing sheet and exit out of email
- d. Move email from Inbox to monthly billing folder within RC mailbox
5. Post charges:
 - a. Time > Add
 - b. Select 'Individual' radial button at the top
 - c. Location: Winona
 - d. Staff: Name from Billing Sheet
 - e. Client: Name from Billing Sheet
 - f. Program: Youth Act
 - g. Code:
 - H0040: 1 unit per day (Two providers may NOT bill on the same day)
 - H0046: exact number from billing sheet
 - h. Place of Service:
 - Office (11) for H0040
 - Other (99) for H0046
 - i. Supervisor: Varies by payer
 - MN Medicaid, UCare PMAP
 - H0040: Program NPI
 - H0046: Clinical Supervisor NPI
 - Blue Plus PMAP
 - H0040: Clinical Supervisor NPI
 - H0046: Clinical Supervisor NPI
 - j. Click "Save"
 - k. Complete steps C-J for each code, each client
6. Create Bill/Invoice
 - a. Billing Module > Add
 - b. Select "Youth Act" in the Program drop-box
 - c. Verify that charges match amounts on billing sheets
 - d. Highlight Payers by clicking on them (not the hyperlink)
 - e. Click "Check"
 - f. Check box for "Electronic Submission"
 - g. Click "Create"



GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE – COMMUNITY RESPITE
Procedure Number:	215
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing Respite amounts for the appropriate Community Respite programs.

AREAS OF RESPONSIBILITY

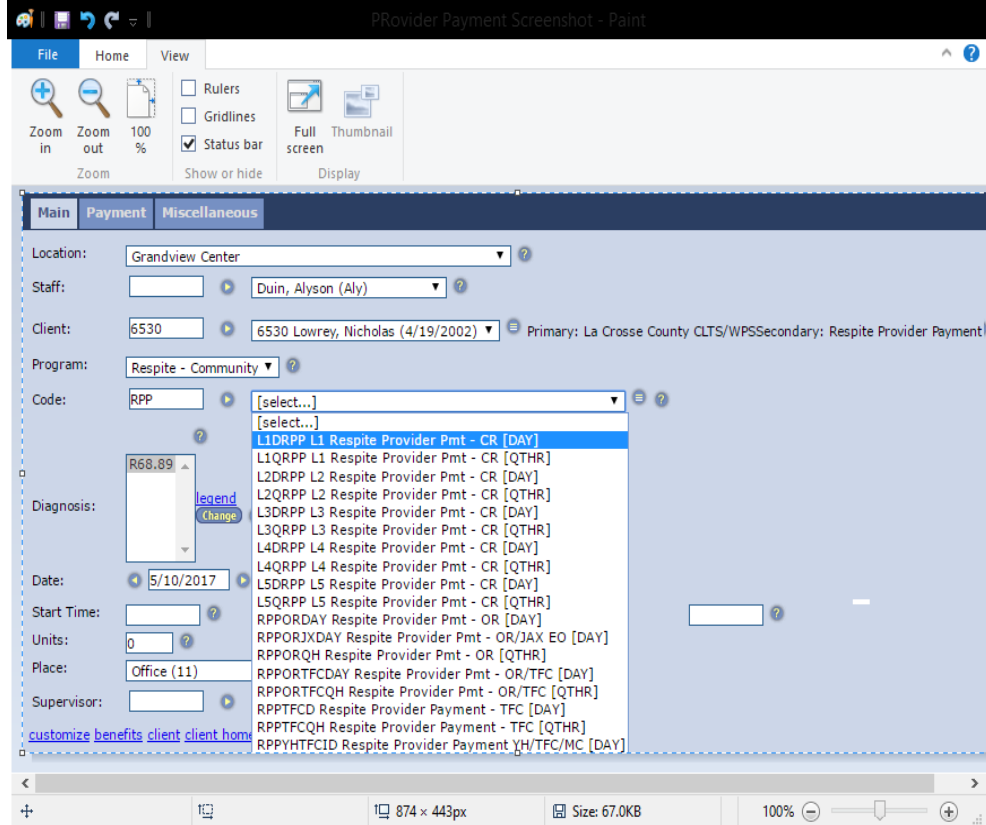
Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable – AR

PROCEDURE

These rates change periodically. Please see current rates in this folder: *Revenue Cycle/General Revenue Cycle Mgmt/Rate Setting*:

1. The billing sheets from the providers will arrive at different times. Each will need to be prepped before charges can be posted.
 - a. Convert actual minutes to QH [use the number of minutes and divide by 4, to get total QH. You should never bill for more than 32 QH in a day.]
 - b. Multiply units by rate per service to get subtotal per billing log.
2. To post provider payment
 - a. Time Module: Add
 - b. Location: Grandview Center
 - c. Staff: Provider from billing sheet
 - d. Client: Client name from billing sheet
 - e. Program: Community Respite

- f. Code: Type RPP for Respite Provider Payment... (See screenshot below) Choose whether the code is to be billed as QH or days.



The screenshot shows a software interface for entering a Respite Provider Payment. The form includes the following fields and values:

- Location: Grandview Center
- Staff: Duin, Alyson (Aly)
- Client: 6530 Lowrey, Nicholas (4/19/2002)
- Program: Respite - Community
- Code: RPP (dropdown menu is open showing options like L1DRPP L1 Respite Provider Pmt - CR [DAY], L1QRPP L1 Respite Provider Pmt - CR [QTHR], etc.)
- Diagnosis: R68.89
- Date: 5/10/2017
- Start Time: (blank)
- Units: 0
- Place: Office (11)
- Supervisor: (blank)

- g. Diagnosis: Leave as is
 h. Date: Enter date from billing sheet
 i. Start & End Time: Leave blank
 j. Units: Enter units from billing sheet (minutes converted to QH or Day units)
 k. Place: 99
 l. Supervisor: Provider Respite/TFC
 m. Click "Save" to post charge
3. Create bill/invoice
- Billing Module: Add
 - Pick in program drop-box and wait for Procentive to load
 - Highlight payers by clicking on them (not the hyperlink)
 - Click "Check"
4. Run 8030 Report
- Search Date: Date of service



- b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs
 - g. Click display at the bottom of the page
 - i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/ current month/RPP folder.
5. Run 8030 Report again to catch late charges
- a. Search Date: 2 months ago
 - b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Place of Service: None [0]
 - g. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs
 - h. Click display at the bottom of the page
 - i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/ current month/RPP folder.
6. Balance 8030 reports to manual total from provider billing logs.
7. E-mail these two reports to the Coordinator of Respite/Treatment Foster Care for approval
8. Once the approval is confirmed run the 8030 reports again:



- a. Follow previous steps for Running the 8030 report. The ONLY change while running this report again will be making sure that this report is run with Add Page Break.
9. Scan billing sheets and save in Accounting/EOM/EOM - Billing Docs by Program Community Respite\current year\current month.
10. Print the reports and give to AP to run the payments to the providers.

GETTING HELP

Contact the Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE- TREATMENT FOSTER CARE RESPITE
Procedure Number:	216
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month [EOM] process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing Treatment Foster Care [TFC] respite for the appropriate TFC programs.

AREAS OF RESPONSIBILITY

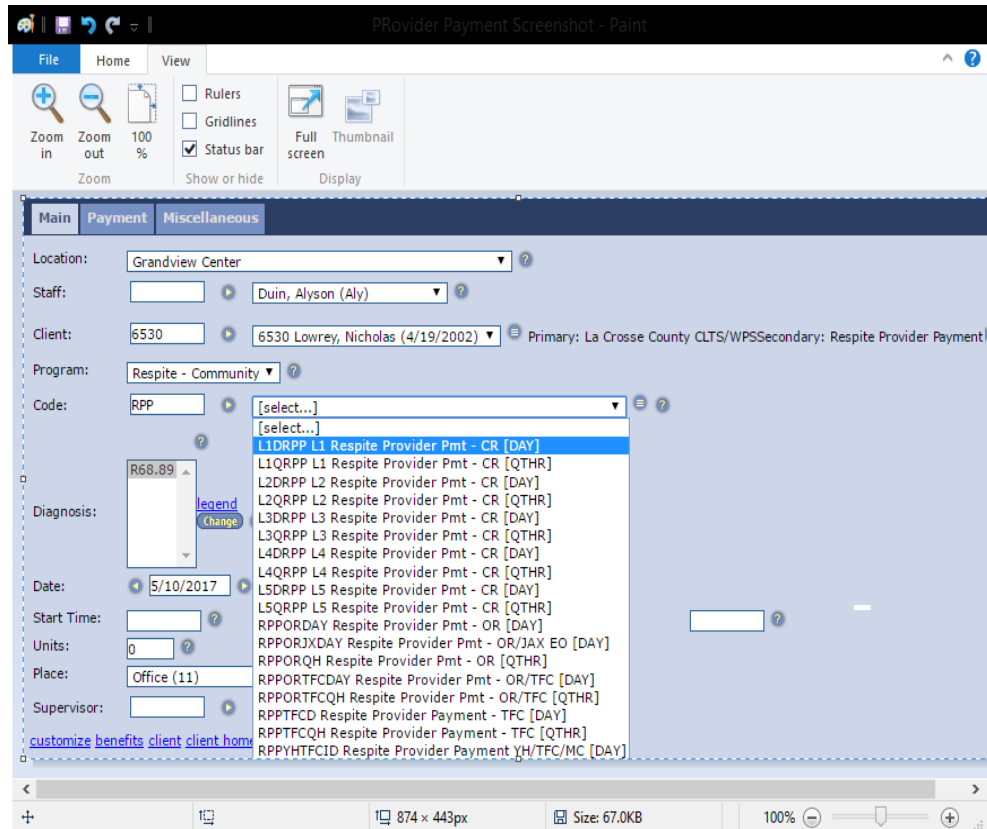
Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. Respite rates used to post the charges by level of care, program, and units by quarter hours [QH] or days change periodically. Find the current rates in this folder: Revenue Cycle/General Revenue Cycle Mgmt/Rate Setting
2. The billing sheets from the providers will arrive at different times. Each will need to be prepped before charges can be posted.
 - a. Convert actual minutes to QH [use the number of minutes and divide by 4, to get total QH. You should never bill for more than 32 QH in a day.]
 - b. Multiply units by rate per service to get subtotal per billing log.
3. For TFC Respite enter the provider payment, there are no charges billed to a payer.
4. To post provider payment
 - a. Time Module: Add
 - b. Location: Grandview Center
 - c. Staff: Provider from billing sheet



- d. Client: Client name from billing sheet
- e. Program: TFC - WI or TFC - MN
- f. Code: Type RPP for Respite Provider Payment... (See screenshot below) Choose whether the code is to be billed as QH or days.



- g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet (minutes converted to QH or Day units)
 - k. Place: 99
 - l. Supervisor: Provider Respite/TFC
 - m. Click “Save” to post charge
5. Create bill/invoice
- a. Billing Module: Add
 - b. Pick in program drop-box and wait for Procentive to load



- c. Highlight Payers by clicking on them (not the hyperlink)
 - d. Click “Check”
 6. Run 8030 Report
 - a. Search Date: Date of service
 - b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs
 - g. Click display at the bottom of the page
 - i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/ current month/RPP folder.
 7. Run 8030 Report again to catch late charges
 - a. Search Date: 2 months ago
 - b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Place of Service: None [0]
 - g. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs



- h. Click display at the bottom of the page
 - i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/current month/RPP folder.
 8. Balance 8030 reports to manual total from provider billing logs.
 9. E-mail these two reports to the Coordinator of Respite/Treatment Foster Care for approval
 10. Once the approval is confirmed run the 8030 reports again:
 - a. Follow previous steps for Running the 8030 report. The ONLY change while running this report again will be making sure that this report is run with Add Page Break.
 11. Scan billing sheets
 12. Save in Accounting/EOM/EOM - Billing Docs by Program TFC WI or TFC MN current year\current month.
 13. Print the reports and give to AP to run the payments to the providers.

GETTING HELP

Contact the Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE –OUTSIDE RESPITE
Procedure Number:	217
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing respite amounts for Outside Respite program.

AREAS OF RESPONSIBILITY

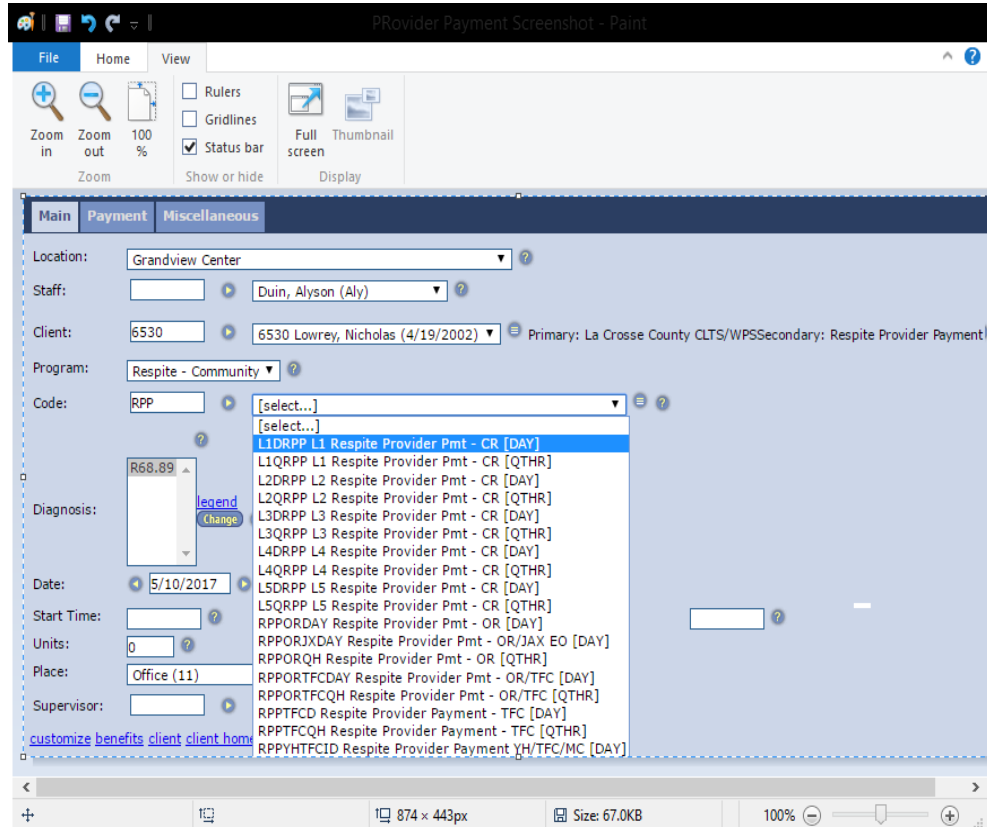
Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

These are the 2017 Respite rates used to post the charges by level of care, program, and units by quarter hours or days. These rates change periodically. Please see current rates in *Revenue Cycle/General Revenue Cycle Mgmt/Rate Setting*:

1. The billing sheets from the providers will arrive at different times. Each will need to be prepped before charges can be posted.
 - a. Convert actual minutes to QH [use the number of minutes and divide by 4, to get total QH. You should never bill for more than 32 QH in a day.]
 - b. Multiply units by rate per service to get subtotal per billing log.
2. To post provider payment
 - a. Time Module: Add
 - b. Location: Grandview Center
 - c. Staff: Provider from billing sheet
 - d. Client: Client name from billing sheet

- e. Program: Community Respite
- f. Code: Type RPP for Respite Provider Payment... (See screenshot below) Choose whether the code is to be billed as QH or days.



- g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet (minutes converted to QH or Day units)
 - k. Place: 99
 - l. Supervisor: Provider Respite/TFC
 - m. Click “Save” to post charge
3. Create bill/invoice
- a. Billing Module: Add
 - b. Pick in program drop-box and wait for Procentive to load
 - c. Highlight payers by clicking on them (not the hyperlink)



- d. Click “Check”
4. Run 8030 Report
 - a. Search Date: Date of service
 - b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs
 - g. Click display at the bottom of the page
 - i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/ current month/RPP folder.
5. Run 8030 Report again to catch late charges
 - a. Search Date: 2 months ago
 - b. Quick Range: Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment, CMN Respite Provider Payment
 - f. Place of Service: None [0]
 - g. Fields on the right side of the screen to highlight:
 - i. Date of Service
 - ii. Staff Title
 - iii. Client
 - iv. Units
 - v. Rates
 - vi. Total Charge
 - vii. Programs
 - h. Click display at the bottom of the page



- i. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/current month/RPP folder.
6. Balance 8030 reports to manual total from provider billing logs.
7. E-mail these two reports to the Coordinator of Respite/Treatment Foster Care for approval
8. Once the approval is confirmed run the 8030 reports again:
 - a. Follow previous steps for Running the 8030 report. The ONLY change while running this report again will be making sure that this report is run with Add Page Break.
9. Scan billing sheets
10. Save in Accounting/EOM/EOM - Billing Docs by Program Outside Respite\current year\current month.
11. Print the reports and give to AP to run the payments to the providers.

GETTING HELP

Contact the Revenue Cycle at x686

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Procedure Name:	CHARGE CAPTURE: SUPERVISED VISITATION
Procedure Number:	218
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To describe the process of posting charges and billing those financially obligated to reimburse Family & Children's Center for supervised visitation services provided.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor- RCSup
 Revenue Cycle Specialist- RCS
 Revenue Cycle - RC
 Accounts Payable- AP
 Accounts Receivable – AR

PROCEDURE

1. Supervised Visitation supervisor will email billing documents to the Revenue Cycle email box [revenuecycle@fccnetwork.org], *by noon on the third day of EOM.*
2. Verify that each client is loaded in Procentive. If not, add each new client with the following default information:
 - a. Address: 1707 Main Street, La Crosse, WI 54601
 - b. DOB: 01/01/1900
 - c. Payer: Self-Pay ND or County of Financial Responsibility
 - d. Diagnosis: NB10
 - e. Program: Supervised Visitation
 - f. Client Group: MN Sup Vis
3. Verify in billing spreadsheet that all columns add correctly
4. Each billing tab in the billing spreadsheet is for a particular county.
5. Post charges in Time + Add → Group
 - a. DATE: First date of previous month



- b. LOCATION: Winona
 - c. STAFF: Center, Family & Children's
 - d. CODE: F6001 [reg hours], F6002 [On Call], F6003 [2 Staff]
 - e. CLIENT GROUP: SUP VIS
 - f. PROGRAM: Supervised Visitation
 - g. PLACE: Other unlisted Facility (99)
 - h. Post number of units to bill for reg hours, repeat for on call and 2 staff hours.
 - i. SAVE
6. Generate invoices:
 - a. Billing Module + Add
 - b. Program: Supervised Visitation
 - c. Balance units in billing module to total units to verify all charges are posted.
 7. Save billing documents in the appropriate monthly billing folder [39 - Supervised Visitation]
 8. Email or mail each county's billing to the appropriate address.
 9. For Self-Pay invoices – payment is required before visit occurs. Supervised Visitation supervisor will send payment to Accounting for deposit and posting to Procentive.

GETTING HELP

Contact Revenue Cycle at x686



Procedure Name:	CHARGE CAPTURE: HIAWATHA HALL
Procedure Number:	219
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht, Revenue Cycle Specialist Katie Butterfield, Revenue Cycle Specialist
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides step-by-step instructions for completing the process of billing Hiawatha Hall charges each week according to applicable billing guidelines as required by each payer. Following this procedure will ensure timely submission of claims.

AREAS OF RESPONSIBILITY

The Hiawatha Hall (HH) staff maintain and complete a billing sheet to track the admits and discharges of residents in HH each month. The Revenue Cycle (RC) staff post billable charges into patient accounting system [Procentive]. Additionally, RC staff will complete insurance eligibility checks for all Hiawatha Hall clients at time of admit and at the beginning of each month. RC staff will update payers and authorizations for each client during monthly eligibility checks.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. An email will arrive from a member of the HH staff stating that the billing sheet is complete
2. Review the billing sheet before posting charges during end of month
 - All clients must have a diagnosis
 - All clients must have their daily attendance completed for the month



Room and Board

- Room and board is billed to the client's 'Self-Pay R&B [HH]' payer
- Charges are billed at a daily or monthly rate.
 - Monthly rate
 - If the client was in HH all month, bill 1 unit of the monthly rate
 - [GRH Payment Rates](#)
 - Daily rate
 - Multiply the current daily rate by the number of days the client was in HH that month

1. Post Charges

- a. Time > Add
- b. Select 'Residential' radial button at top
- c. Date of Service: Last month
- d. Location: Hiawatha Hall
- e. Program: Hiawatha Hall
- f. Place: Psychiatric Facility (56)
- g. Staff: Hiawatha Hall
- h. Code: NBRES NB Residential
- i. Review list of clients that populates
 - i. Remove clients that do not need billing posted
 1. Click 'delete' in far left column for each client to be removed
 - ii. Add missing clients using the 'Client' boxes below 'Program' drop-down
- j. Highlight the appropriate dates each client was present at HH
 - i. Click on first day, hold and drag to last day, then release
 - ii. Select 'Present' from list that appears
 - iii. If client was discharged during month, mark date of discharge
 1. Click on date to remove 'P' for Present
 2. Click on date, select 'Discharge' from list that appears
- k. Select appropriate code for each client (per day or per month)
 - i. Per day – units should equal number of days 'Present' at HH
 - ii. Per month – units should be 1, representing the entire month
- l. Click "Save All"

2. Create Bill/Invoice



- a. Billing > Add
Wait for Procentive to load
- b. Program: Hiawatha Hall
- c. Verify that the total matches the total on the billing sheet.
- d. Click on payer line to highlight (not the hyperlink)
- e. Click “Check” then click “Create”

Therapy (H0019)

- Therapy is billed to the client’s actual payer (Commercial or Medicaid)
- Charges are billed at a daily rate.
 - [MN DHS Codes & Rates](#)

1. Post Charges

- a. Time > Add
- b. Select ‘Residential’ radial button at top
- c. Date of Service: Last month
- d. Location: Hiawatha Hall
- e. Program: Hiawatha Hall
- f. Place: Psychiatric Facility (56)
- g. Staff: Hiawatha Hall
- h. Code: NBRES NB Residential
- i. Review list of clients that populates
 - i. Remove clients that do not need billing posted
 1. Click ‘delete’ in far left column for each client to be removed
 - ii. Add missing clients using the ‘Client’ boxes below ‘Program’ drop-down
- j. Highlight the appropriate dates each client was present at HH
 - i. Click on first day, hold and drag to last day, then release
 - ii. Select ‘Present’ from list that appears
 - iii. If client was discharged during month, mark date of discharge
 1. Click on date to remove ‘P’ for Present
 2. Click on date, select ‘Discharge’ from list that appears
- k. Select code for each client (varies by payer)
 - i. H0019 – bills one charge for entire month (7/1 – 7/31, 31 units)



- ii. H0019 [E] – bills individual line for each day client was present
 1. Click “Save All”
 2. Create Bill/Invoice
 - a. Billing > Add
 - b. Program: Hiawatha Hall
 - c. Verify that the total matches the total on the billing sheet.
 - d. Click on payer hyperlink
 - i. Verify that each charge is tagged to the correct authorization or threshold
 - ii. If authorization runs from mid-month to mid-month, split the service into 2 separate charges
 1. Double-click on the charge to be split (Change Time window will open)
 2. Click “Split Service” hyperlink
 3. Select start day of new service line from drop down menu
 4. Click ‘Save’
 5. Click on ‘Amounts’ tab
 6. Change Units and Hours to match # of days for that line
 7. Click ‘Save’
 - iii. Click ‘X’ in upper right corner of window to close
 - e. Click on payer line to highlight (not the hyperlink)
 - f. Click “Check” then click “Create”

Winona County Report

1. Export a copy of the Hiawatha Hall Billing Log from Google Drive
 - a. Save Location: \\fccdomain\Accounting\EOM\EOM - Billing Docs by Program\49 - Hiawatha Hall\EOM County Reports
 - b. Title Format: 02.2017 Hiawatha Hall County Billing Sheet
2. Open billing sheet
 - a. Delete the diagnosis and the MA number column
 - b. Delete all of the totals except for Room and Board and Total Days
3. Email report to Sue Hartwick (shartwick@co.winona.mn.us)

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE: INTENSIVE TRACKING
Procedure Number:	220
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Description of process to capture charges for Intensive Tracking during **End of Month** processes.

AREAS OF RESPONSIBILITY

Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

1. The billing will be sent via email from the Tracking Supervisor, to the RC general email. There are 2 spreadsheets:
 - a. Adults: are billed on the APS spreadsheet (Adult Protective Services)
 - b. Youth: on the "Tracking" spreadsheet.
2. Verify that the client is loaded in Procentive. If the client is not in Procentive, add them in the system with:
 - a. Address: 1707 Main Street, La Crosse, WI 54601
 - b. DOB: 01/01/1900
 - c. Payer: Winona County DHS
 - d. Diagnosis: NB10
 - e. Program: Intensive Tracking Program
3. Verify the formulas on the spreadsheet for accuracy before posting charges. Once this information is all loaded into Procentive, post a charge for each client.
 - a. DATE: Last Month



- b. LOCATION: Winona,
 - c. PROGRAM: Intensive Tracking
 - d. PLACE: Other unlisted Facility (99)
 - e. STAFF: Center, Family & Children's Center
 - f. CODE: NBRES NB Residential - This is the default code that will allow you to bill after you save – it will change for each client later.
 - g. Mark each client “present” on the last day of the month. If there are two different levels of tracking done in a given month, add another line for the client, using the last day of the month as a date of service.
4. Save the residential window with the ‘Save All’ button.
 5. Reopen the residential time add and add the number of units for each level of tracking.
 6. Pick the appropriate code for each client’s service line(s), based on the level of tracking.
 7. Juvenile and APS: Track 1- Track 4
 8. Repeat steps 1-5 for all the Juvenile and APS.
 9. Generate 2 invoices, one for each type of tracking
 - a. Juvenile
 - b. APS
 10. Balance the dollar amount on the billing sheet to the balance in the billing module. Use the total units to verify all charges are accounted for following applicable billing guidelines as per required by the payer.
 11. Save in the appropriate monthly billing folder: *Accounting/EOM/Winona Tracking Program/current year/current month.*
 12. E-mail each of the invoices to each county and the billing sheet to Winona County.

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE- CHILDREN'S MIRACLE NETWORK RESPITE
Procedure Number:	221
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing CMN Respite.

AREAS OF RESPONSIBILITY

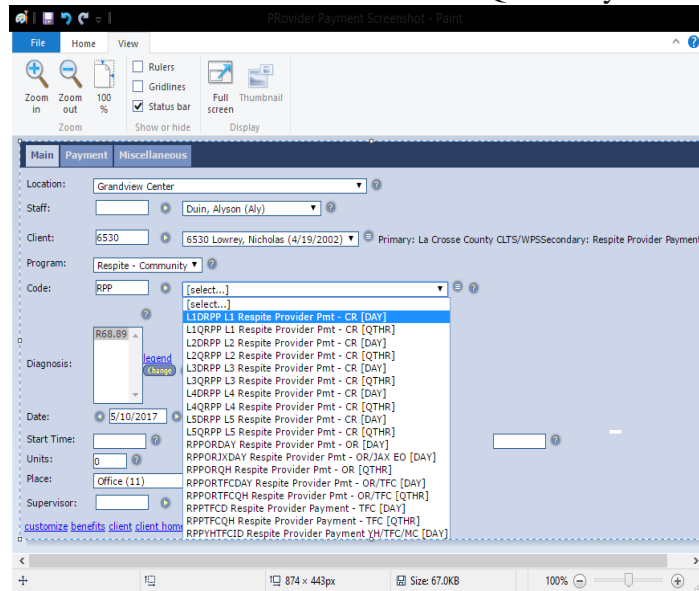
Family & Children's Center – FCC
 Revenue Cycle Supervisor – RCSup
 Revenue Cycle Specialist – RCS
 Revenue Cycle – RC
 Accounts Payable – AP
 Accounts Receivable - AR

PROCEDURE

Respite rates used to post the charges by level of care, program, and units by quarter hours or days change periodically. Find the current rates in the *Revenue Cycle/General Revenue Cycle Mgmt/Rate Setting folder*.

1. The billing sheets from the providers will arrive at different times. Each will need to be prepped before charges can be posted.
2. Convert actual minutes to quarter hours (QH) [use the number of minutes and divide by 4, to get total QH. You should never use more than 32 QH in a day.]
3. For CMN Respite enter the provider payment, there are no charges billed to a payer.
4. To post provider payment
 - a. Time Module: Add
 - b. Location: Grandview Center
 - c. Staff: Provider from billing sheet

- d. Client: Client name from billing sheet
- e. Program: CMN
- f. Code: Type RPP for Respite Provider Payment... (See screenshot below)
Choose whether the code is to be billed as QH or days.



- g. Diagnosis: Leave as is
 - h. Date: Enter date from billing sheet
 - i. Start & End Time: Leave blank
 - j. Units: Enter units from billing sheet (minutes converted to units)
 - k. Place: 99
 - l. Supervisor: Provider Respite/TFC
 - m. Click "Save" to post charge
5. Create bill/Invoice
 - a. Billing Module: Add
 - b. Pick in program drop-box and wait for Procentive to load
 - c. Highlight Payers by clicking on them (not the hyperlink)
 - d. Click "Check"
 6. Run 8030 Report
 - a. Search Date: Date of service
 - b. Quick Range; Last Month
 - c. Main Group: Staff
 - d. Secondary Group: None
 - e. Payers: Respite Provider Payment
 - f. Program: CMN



- g Fields on the right side of the screen to highlight:
 - h Date of Service
 - j Staff Title
 - k. Client
 - l. Units
 - m. Rates
 - n. Total Charge
 - o. Programs
7. Click display at the bottom of the page
 - a. Save it as [Month] RPP DOS in the Accounting/EOM/EOM Reports/current year/ current month/RPP folder.
 8. E-mail this report to the FCC Coordinator of Respite/Treatment Foster Care for approval
 9. Once the approval is confirmed run the 8030 report again:
 - a. Follow previous steps for Running the 8030 report. The ONLY change while running this report again will be making sure that this report is run with “Add Page Break.”

10.

P General Productivity Search

Secure | <https://app.procentive.com/reports>

Search

Program: [All]
 ARMHS - Adult Rehab MH Services
 CCS Strive Vernon/Crawford
 CCS Supported Employment
 Community Support Program - La

Status: All
 Attended
 No show (fee)

Billable: All

Clients Active: All

Printed and Filed: All

Audit Ready: All

Place of Service: All

Over 18: All

Page Break at Main Grouping: No Page Break

Client Group: [all]
 Bauer LAX CCS SE
 Campbell LAX CCS SE
 Denzine LAX CCS SE
 Hiawatha Hall

Billable Service Line Invoice Status:
 (A selection other than 'Show All Lines' will remove all non-billable codes from report)

Show All Lines



11. Scan billing sheets
12. Save in Accounting/EOM/EOM - Billing Docs by Program Community Respite/ current year\current month.
13. Print the reports and give to AP to run the payments to the providers.
14. Give the provider's timesheet to the Revenue Cycle Supervisor to post the payment.

GETTING HELP

Contact the Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE: HEALTHY FAMILIES
Procedure Number:	222
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During the End of Month (EOM) process, the guidelines within this procedure provide step-by-step instructions for completing the process of billing charges for Healthy Families clients.

AREAS OF RESPONSIBILITY

The Revenue Cycle (RC) receives monthly billing sheets from the Healthy Families (HF) providers. The Revenue Cycle prepares the billing sheets, posts the charges and sends them to the county for reimbursement.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

The billing sheets from the providers will arrive at different times. Each will need to be prepped before charges can be posted.

1. Convert Actual Minutes to Units

Minutes	Units	Minutes	Units
1-5	0.33	76-80	5.33
6-10	0.67	81-85	5.67
11-15	1.0	86-90	6.0
16-20	1.33	91-95	6.33
21-25	1.67	96-100	6.67
26-30	2.0	101-105	7.0



31-35	2.33	106-110	7.33
36-40	2.67	111-115	7.67
41-45	3.0	116-120	8.0
46-50	3.33	121-125	8.33
51-55	3.67	126-130	8.67
56-60	4.0	131-135	9.0
61-65	4.33	136-140	9.33
66-70	4.67	141-145	9.67
71-75	5.0	146-150	10

2. If a “PPS Mental Health Module” form (F-00596) is attached to the billing sheet, this signifies a new client in the program.
 - a. Check billing system to see if client is loaded
 - b. Load client if they are not already in billing system
 - See procedure for Registration/Intake/New Client
 - Payers for Healthy Families
 1. Add La Crosse County DHS as Primary
 2. Add ‘HF’ Medicaid payer as Secondary
3. Perform Medicaid (MA) eligibility check for each client on the Forward Health Portal (FHP).
4. Update Procentive to correct payer based on eligibility check.
5. Post Charges
 - a. Time Module > Add
 - b. Location: Grandview Center
 - c. Staff: Provider from Billing Sheet
 - d. Client: Client name from Billing Sheet
 - e. Program: Healthy Families
 - f. Code: T1017 (Select correct modifier based on Billing Sheet)
 - g. Diagnosis: Leave as is
 - h. Date: Enter date from Billing Sheet
 - i. Start and End Time: Leave Blank
 - j. Units: Enter units from Billing Sheet (Minutes converted to Units)
 - k. Place: Enter Place of Service from Billing Sheet
 - l. Supervisor: None
 - m. Click “Save” to post charge
6. Create Bill/Invoice



- a. Billing Module > Add
 - b. Pick “Healthy Families” in Program drop-box
 - c. Make sure charges match amounts on billing sheets
 - d. Highlight Payers by clicking on them (not the hyperlink)
 - e. Click “Check” then “Create”
7. Run 1010 Report
- a. Format: Excel
 - b. Search Date: Date of Service
 - c. Quick Range: Last Month
 - d. Programs: Healthy Families
 - e. Fields: Date of Service (DOS), Program, Staff, Client, Place of Service, Code, Units, Amount
 - f. Click “Display”
8. Open report in Excel
- a. Add a column for “Service Description” next to “Code”
Description: Targeted Case Management
 - b. Change name of “Amount” to “Expected MA Payment”
 - c. Re-order columns in the following order:
Code, Service Description, DOS, Client, Place of Service, Units, Expected MA Payment, Program, Staff
 - d. Verify that the spreadsheet balance matches the total of the billing invoice in Procentive
 - e. File > Save As
 - Location: Accounting\EOM\EOM - Billing Docs by Program\25 - Healthy Families\<<current year>\<current month>
 - Name: <current month><current year> TCM Healthy Families Billed Items



9. Run 3400 Report
 - a. Output: Standard
 - b. Sort 1: Client Last Name
 - c. Date of Service: Last Month
 - d. Service Program: Healthy Families
 - e. Fields: Client First Name, Client Last Name, Primary Payer, Secondary Payer
 - f. Click “Display”
 - g. Right-Click > Print
 - h. ‘Change’ > ‘Save as PDF’
 - i. Click ‘Save’
 - Location: Accounting\EOM\EOM - Billing Docs by Program\25 - Healthy Families\ - Name: <current month><current year> TCM Healthy Families Eligibility Report
 - Save as a PDF, not an Excel file
10. Send Billing to County via email
 - a. Send to hsinvoices@lacrossecounty.org
 - b. Send Spreadsheet and Eligibility Report
11. Scan Billing Sheets
 - a. Save in: Accounting\EOM\EOM - Billing Docs by Program\25 - Healthy Families\

GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	CHARGE CAPTURE: SUPPORTED EMPLOYMENT
Procedure Number:	223
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	RC 101 - New Client – Procentive Procedure

STATEMENT OF PURPOSE

The guidelines within this procedure provide step-by-step instructions for completing the process of billing Supported Employment Division of Vocational Rehabilitation (DVR) charges each month.

AREAS OF RESPONSIBILITY

The Supported Employment (SE) providers send their billing items to the Revenue Cycle inbox throughout the month. The Revenue Cycle (RC) staff post billable charges into the patient accounting system during the End of Month (EOM) process.

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

7. Supported Employment providers send their items for billing to the Revenue Cycle email inbox as they complete them
 - a. As emails arrive during the month, move email from Inbox to monthly billing folder within RC mailbox




8. Gather all charges from emails & populate them on the DVR Billing Sheet
 - a. Client Name: Retrieve from email
 - b. Date of Service: Date email arrived in RC inbox
 - c. Provider: Sender of email
 - d. Service: Retrieve from email
 - e. Purchase Order (PO) #: Retrieve from email
 - f. Amount: Retrieve from email or attached PO
9. Look up Code that correlates with service provided

Code	Service Description	Amount
F2006	Career Profile & Report	\$950
F2002	Job Development Plan	\$500
F2003	Job Hire (35+ hrs/week)	\$2100
F2004	Job Hire (20+ hrs/week)	\$1900
F2005	Job Hire (15+ hrs/week)	\$1500
F2000	Ongoing Support	\$800
F2001	Transition to Long Term Support	\$1200
F2007	Job Shadow	\$200
F2008	Job Coaching	
F2009	Internship	

10. Look up client in Procentive.
 - a. Write down client number on Billing Sheet
 - b. Verify that PO is entered in Department of Workforce Development – Authorizations tab
11. Post charges:
 - a. Time > Add
 - b. Select ‘Individual’ radial button at the top
 - c. Fill in all client specific info from billing sheet along with the following:
 - Location: Grandview Center
 - Program: Supported Employment - CCS
 - Units: 1 – unless otherwise specified
 - Place of Service: Office (11)
 - Supervisor: None
 - d. Click “Save”



12. Create Bill/Invoice

- a. Billing Module > Add
- b. Select "Supported Employment - CCS" in the Program drop-box
- c. Click on Department of Workforce Development (not the hyperlink)
- d. Click "Check" then click "Create"
- e. Refresh the list of invoices by pressing F5
- f. Locate invoice that was just created, click on 'Open' in column labeled 'Invoice'
- g. Download copy of invoice by clicking  in the upper right corner
- h. Email a copy of the invoice to the email address on invoice
- i. Click on box in 'Sent to Payer' column after email is sent

GETTING HELP

Contact Revenue Cycle staff at X686.



Procedure Name:	CHARGE CAPTURE - TENANTS
Procedure Number:	224
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Sarah Lamprecht
Effective Date:	11/15/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure provides step-by-step instructions for creating invoices for FCC Tenants.

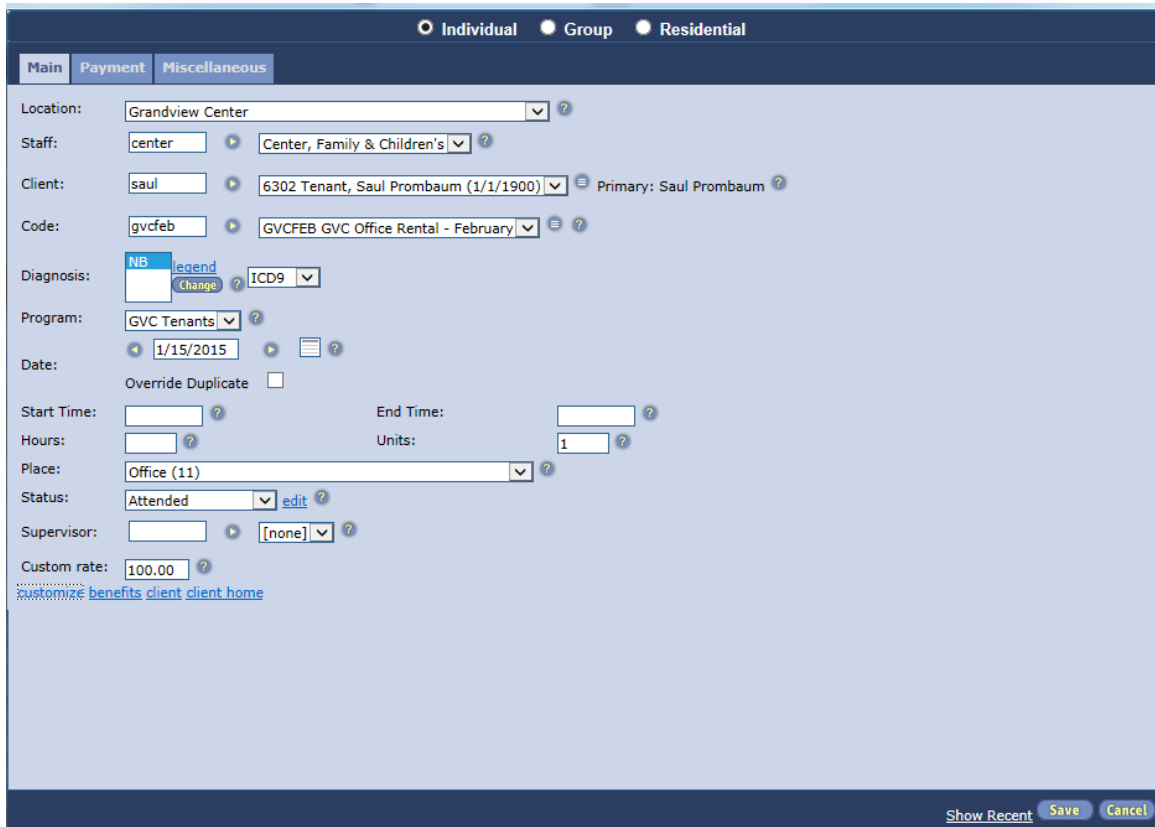
AREAS OF RESPONSIBILITY

- Family & Children’s Center – FCC
- Revenue Cycle Supervisor – RCSup
- Revenue Cycle Specialist – RCS
- Revenue Cycle – RC
- Accounts Payable – AP
- Accounts Receivable – AR

Tenant Name	PRO Client #	Monthly Rent	Delivery Method
Bluffland Guardian Conservator	6305	See fccdomain\Accounting\Revenue Cycle\0 - General Revenue Cycle Mgmt\Rate Setting for current rental rates per tenant.	Hand Deliver/4 th Floor
Genoa Healthcare [Pharmacy]	6788		Email to: invoices@genoahealthcare.com
Miss River Reg Planning Comm	6303		Hand Deliver/4 th Floor
Saul Prombaum	6302		No statement required.
La Crosse Jaycees Foundation	8063		Peter will deliver.
Austin Firehelm	8343		No statement required.
US Cellular	8132		No statement required.

PROCEDURE

1. Tenant rent is invoiced on/about the 15th of the month prior, using the 15th as the date of service; i.e. Feb rent is invoiced on Jan 15. [All tenants above have themselves loaded as client + payer.]
2. Post charge in 'TIME' with code: month that rent is due: GVCJAN, GVCFEB, etc.
3. Tenant Rent Code requires a custom price.
4. To Balance: the total dollar amount billed should be equal to total dollar amount when the charges on the billing sheet are added together.



Individual Group Residential

Main Payment Miscellaneous

Location: Grandview Center

Staff: center Center, Family & Children's

Client: saul 6302 Tenant, Saul Prombaum (1/1/1900) Primary: Saul Prombaum

Code: gvcfeb GVCFEB GVC Office Rental - February

Diagnosis: NB ICD9

Program: GVC Tenants

Date: 1/15/2015

Override Duplicate

Start Time: End Time:

Hours: Units: 1

Place: Office (11)

Status: Attended

Supervisor: [none]

Custom rate: 100.00

Show Recent Save Cancel

5. Delivery methods are listed in table above.

GETTING HELP

Contact Revenue Cycle at 686.

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Procedure Name:	ELECTRONIC REMITTANCES
Procedure Number:	301
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Devon Lasko
Effective Date:	10/16/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Electronic remittance advice (ERA) is an electronic version of an explanation of benefits (EOB). When insurance companies send ERA's directly to our system, we receive and post them fast and efficiently.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

1. Revenue Cycle.
2. Double click # 3, Remit Mgmt Payment Posting- Credit balance.
3. Double click Remittance Management.
4. Open Daily Posting Sheets folder.
5. Open current year folder, which will open to a list of months, click on current month, find current posting date and open. This is where RCS saves everything posted on current day:
\\fccdomain\Accounting\Revenue Cycle\3 - Remit Mgmt Payment Posting - Credit Balance\Remittance Management\Daily Posting Sheets
6. Open 'Templates' folder, find 'TEMPLATE Daily Posting Sheet' with RCS's initials. Save file in Daily Posting Sheets under current year, month and date. Name file with current date Daily Posting Sheet and initials. Example: **12.28.16 Daily Posting Sheet DL.**
\\fccdomain\Accounting\Revenue Cycle\3 - Remit Mgmt Payment Posting - Credit Balance\Remittance Management\Daily Posting Sheets\Templates



7. AR will send daily Coulee Bank deposits (1111) and Merchants Bank deposits (1119) to RCS's email. Once received, open email one at a time, click on files, hit arrow facing down (download) and save in current date/year in Daily Posting Sheet. AR will have labeled deposits with correct bank.
 - a. 1111 is deposited into Coulee Bank (Electronic Payments, Zero Pays [ZP], and Cash)
 - a. 1119 is deposited into Merchants Bank (Personal Pays, Checks)
8. When all deposits are downloaded, go into Daily Posting Sheet and add current date to spreadsheet, located top left. Open AR's 1111 deposit log.
9. Most deposits listed on AR's spreadsheet will be in Procentive under ERA.
 - a. Anything labeled STRIPE, comment 'G/L' in Debit column.
 - b. Inclusa/WPS, BLTS/WPS, and Care WI/WPS remits have to be downloaded from:
<https://rcm.emdeon.com/Portal/AccountLoginNew.faces>
 - i. When logged into Emdeon, go to 'Collections', click 'Payment Manager'. Emdeon Payment Manager Page will come up, click 'Unworked' and search.
 - ii. Under Total Pay will be amount that matches 1111 Spreadsheet dollar amount; Payment # will have remit number that needs to be clicked and Emdeon Payment Manager screen will pop up. Look for 'Export to all: PDF', located middle left screen. Click on PDF, and a few options will appear, hit Transaction PDF. Once remit appears download in current date/ year Daily Posting Sheet. Name file 1111 current date DD (daily deposit) what Insurance Company and dollar amount. Example: **1111 12.14.16 DD BLTS \$ 41.64** in current date posting folder. Each remit has to be saved one at a time.
 - iii. Save any ZP's on Emdeon from WPS. Download ZP's same way remits are downloaded. Save in current date, year Daily Posting Sheet folder. Label file 1111 current date ZP, Insurance Name, and \$ 0.00. Example: **1111 12.14.16 ZP WWC \$ 0.00**.
 - iv. When all remit's and ZPs are downloaded and saved from Emdeon, go back to Emdeon's main page and click 'Collections and payment manager', next click 'Unworked' and hit search. Check open boxes of remits and ZPs just downloaded and click 'Worked', enter current date and click 'Execute'.
10. ERA



- a. ERA is located in Procentive, double click 'Processed', all processed remits will go to the bottom of the screen and unprocessed remits will come to the top. Open Quick Range to 180 days.
- b. Double click white space on desired remit - remit will load.
- c. In Procentive click 'Payment Entry Mode ->a payment box will appear. Date, insurance, payer, type, and amount will automatically populate. Make sure everything matches remit and hit save so remit opens.
- d. By clicking on 'Claim' it will open client's claim. One by one go through each client and post payments, hit save in each claim. Once remit is finished and dollar amounts match, hit 'Save all'.
- e. If totals do not match, and there are any duplicate pays or overpayments make sure to leave a detailed note in notes tab. All money needs to be accounted for.
- f. When finished posting remit add date in debit column to AR deposit log and dollar amount in daily posting sheet under correct bank.
- g. If any questions on remit codes refer to: <http://www.wpc-edi.com/reference/>

11. Paper Remits

- a. In Procentive, go into Payments/Payments and hit add.
- b. Date will automatically set to posting date.
- c. Label 'Reference' with # sign and check number from remit. **Example: #1234**
- d. Find correct 'Type' and 'Payer'.
- e. Enter dollar amount is listed on remit in 'Amount Received' and save.
- f. Post each client one by one by searching client number or last name of client.
- g. The amount of remit is listed on top of screen in Procentive, at the end of posting the remit amounts need to match, unless duplicate or over payment. All money needs to be accounted for, make a detailed note in notes tab if any money is unallocated.
- h. When finished posting remit add date in debit column to AR deposit log and dollar amount in daily posting sheet under correct bank.
- i. If any questions on remit codes refer to: <http://www.wpc-edi.com/reference/>

12. Personal Pays/Checks- 1119 Bank

- a. AR will put 1119 payments in RCS's personal mailbox. Depending on when AR receives these payments, check posting date as it may not be current date. When adding to 'Daily Posting Sheet' put date AR puts on batch slip. Each payment is posted separately but will add up to AR's batch total. AR will also label bank type (1111 or 1119) on batch.



- b. In Procentive go to 'Payments' -> 'Clients' and search clients name or client number on bottom of screen next to 'Show All'. Once correct client is listed click clients name and click 'Add'.
 - c. Date will automatically populate to posting date. Reference is either check number or credit card transaction number. Add # sign in front of check number or credit card number. Type form of payment received (Check, Credit Card etc.).
 - d. Payer drop down will list options for payment, pick correct option as these are personal payments. Check client account for additional information regarding payment if needed.
 - e. Amount received is the dollar amount received on payment. (Not batch total)
 - f. In notes column add if payment came from another source rather than client. For credit card add transaction number also.
 - g. Find same amount on client account, or oldest date of service and hit new and create 'New Payment'
 - h. When adding payments, hit 'Save' after each line. Adjustment line may appear, do not hit save, F5 to refresh.
 - i. Add to Daily Posting Sheet after each payment is posted under correct bank.
13. ZP's - These are located in three separate locations.
- a. ERAs are located in Procentive. Under 'amount' tab, it will state \$0.00. Electronically posting a ZP, double click on white space and payment box will appear. Date, insurance, type, and amount will automatically populate. Amount will load as \$0.00. Hit save and remit will appear.
 - i. By clicking on claim, it will load client's claim, after posting denial, hit save on each claim. Go through claims one by one.
 - ii. Once ZP is finished, hit 'Save All'.
 - b. Paper ZP's will come via mail. AR will put in RC's personal mailbox.
 - i. In Procentive, under Payments/Clients, search client by last name or client number that ZP is for.
 - ii. Click on clients name, hit add in top right corner, payment box will appear.
 - iii. Date posted will automatically set to current posting date.
 - iv. Reference is check number or if check number is not found use current posting date. Label reference is ZP# sign check# or posing date. **Example: ZP#451245.**
 - v. Type would be 'None', as ZP has no cash value.



- vi. Payer is current insurance listed on ZP.
 - vii. Amount received enter 0.00.
 - viii. Hit save before moving onto next client/claim.
 - ix. Post each ZP one at a time with correct denial.
 - x. If claim is going to 'other payer' make sure **COB** tab is filled out and pick correct Insurance under 'Payer' tab.
- c. Downloaded ZP's from Emdeon are located in Revenue Cycle folder. These are ZP's downloaded previously.
- i. In Procentive, under Payments/Clients, search client by last name or client number that ZP is for.
 - ii. Click on clients name, hit 'Add' and payment box will appear.
 - iii. Date posted will automatically set to current posting date.
 - iv. Reference is check number or if check number is not found use current posting date. Label reference is ZP# sign check# or posing date. **Example: ZP#451245.**
 - v. Type would be 'None', as ZP has no cash value.
 - vi. Payer is current Insurance listed on ZP.
 - vii. Amount received enter 0.00.
 - viii. Save before moving onto next client/claim.
 - ix. Post each ZP one at a time with correct denial.
 - x. If claim is going to 'other payer' make sure **COB** tab is filled out and pick correct Insurance under 'Payer' tab.
- d. ZP's do not need to be added to Daily Posting Sheet.
14. Interest: L6
- a. Find program number that interest is for; look for oldest DOS on remit
 - b. Make sure you have correct payer
 - c. In Procentive click Refunds/NSF -> add
 - d. Find correct payer
 - e. Reference: Interest and department#. **Example: Interest [21]**
 - f. Change type to Interest
 - g. Enter in interest amount and hit "tab" this will recalculate total
 - h. Save when finished
 - i. Positive interest on remits is money payer is taking back on remit/penalty against us
 - j. Negative interest is our money to keep



15. Scanning

- a. When all payments for the day are posted and everything balances all paper copies of payments, remits, ZPs need to be scanned and saved in Revenue Cycle folder that was created earlier for posting date. Each batch that AR created will be scanned separately, ZPs, and remits are all scanned separately unless in a batch from AR.
- b. Scan each batch to RCS (yourself) in email format at scanner.
- c. Open email one at a time.
- d. Save documents: click the down arrow on attached image to load as a PDF.
- e. When PDF loads click 'file' and 'save as'.
- f. Save each file name with bank either 1111 or 1119 depending on file, (AR will leave bank type on receipt of batch next to dollar amount) posting date, DD or ZP (daily deposit or ZP), payer name, and dollar amount. **Example: 1111 1.02.17 DD WWC \$ 15.25**
- g. 1111 is deposited into Coulee Bank (Electronic Payments, ZPs, and Cash)
- h. 1119 is deposited into Merchants Bank (Personal Pays, Checks)

16. Daily Balancing

- a. At the end of the day, a report will need to be run to match dollar amount from Daily Spreadsheet to what was posted in Procentive.
- b. In Procentive, go to 'Reports', type in 1270 under number column. Click Payment list located next to 1270.
- c. Once box appears in top left corner, under Quick Range drop down pick 'Today', and hit display. A report will appear of what was posted in Procentive.
- d. If total on 1270 matches dollar amount on Daily Posting Sheet located at the bottom of spreadsheet → save 1270 report by right click → save report PDF in Daily Posting Sheet folder under current date and year. Label file 1270 with current month, date, and year. **Example: 1270 1.05.17**
- e. If anything is not marked on spreadsheet either it will come in the mail or its G/L only. To check for what is G/L:
 - i. Revenue Cycle Folder → Click Deposits by Month, Current Year, Current Month
 - ii. \\fccdomain\Accounting\Revenue Cycle\3 - Remit Mgmt Payment Posting - Credit Balance\Remittance Management\Deposits by Month\2017 [G/L spreadsheet is read in only]



GETTING HELP

Contact Revenue Cycle at x686.

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Procedure Name:	REFUND/CREDIT BALANCE RESOLUTION
Procedure Number:	302
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Devon Lasko
Effective Date:	10/16/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

It is the procedure of Family & Children's Center to return all overpayments to their source within a reasonable period. All refund procedures will be applied consistently and fairly for all clients regardless of insurance status. Revenue Cycle staff will work in coordination with our clients and our payers in order to ensure accuracy for all accounts.

AREAS OF RESPONSIBILITY

Family & Childrens Center - FCC
 Revenue Cycle Supervisor- RCSup
 Revenue Cycle Specialist- RCS
 Revenue Cycle - RC
 Accounts Payable- AP
 Accounts Receivable - AR

PROCEDURE

RCS is responsible for the following:

1. Identify overpayment in Procentive under Payments/Payments by double clicking
Unallocated credit or Unallocated takeback
2. Complete standard Refund Request Form [Address for Refund to be sent is required]
3. Provide documentation [EOB, etc.] to serve as proof that overpayment is due to be returned and/or exists- make two copies
4. Complete appropriate standard letter to party being refunded [no envelope is required]- make two copies
5. Include copy of correspondence that will accompany refund check for AP records [staple to form and paper clip copies that are being sent to payer or individual receiving refund]
6. Document reason for refund in correspondence notes



7. Submit completed packet to RCSup for approval
8. After RCSup approves refund, forward to AP for processing
9. Post refund in Procentive in Refunds/NSF module
10. Click “ADD”
11. Refund window will appear
 - Refund to: Pick Client or Payer in drop down
 - Click little circle located under Clients drop down and that will give you the option to locate client/payer
 - Reference: Client number/last name Refund/[dept#], **Example: 1234/Johnson Refund [21]**
 - Make note
 - Type: Refund
 - Add correct refund amount, hit tab to recalculate and SAVE

RCSup is responsible for the following:

1. Review refund request, approve for processing and return to RC staff to post refund

AP is responsible for the following:

1. Process refund check and mail to payer or individual
2. Retain/file copy of refund and complete documentation to be kept on file

GETTING HELP

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Procedure Name:	EOM-PAYMENT RECONCILIATION
Procedure Number:	303
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Devon Lasko
Effective Date:	10/16/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

During End of Month (EOM) billing close [first 5 business days of a new month for previous month] this procedure provides step-by-step instructions for ensuring that all payments balance and are posted accurately.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor- RCSup
 Revenue Cycle Specialist- RCS
 Revenue Cycle - RC
 Accounts Payable- AP
 Accounts Receivable - AR

PROCEDURE

RCS is responsible for these obligations during EOM:

1. A week prior to EOM RCS will need to check for older ERA's [electronic remittance advice].
 - a. To locate ERA's go into Procentive and click "ERA" on the left side
 - b. Click "Processed" to sort, and select the date range to last 365 days
2. If any ERA's are over a month old, RCS will need to follow up with AP or call source of payment to see why payment is delayed; request payment to be stopped/reissued if necessary
3. Look for any Write-off's that were not approved, capitation payments that were posted in error in Procentive under Payments/Payments
4. Check AR 'Deposits by Month' spreadsheet to verify all payments are accounted for



- a. To locate deposits by month spreadsheet: **\\fccdomain\Accounting\Revenue Cycle\3 - Remit Mgmt Payment Posting - Credit Balance\Remittance Management\Deposits by Month**
5. If a bank deposit is not posted, RCS will verify with AR staff that it was not previously posted in Procentive.
6. Document deposits not posted on the EOM Unposted Report located in Revenue Cycle file folder: **\\fccdomain\Accounting\Revenue Cycle\3 - Remit Mgmt Payment Posting - Credit Balance\Remittance Management\Deposits by Month\EOM Unposted Reports**

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Procedure Name:	DENIAL MANAGEMENT
Procedure Number:	401
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Rebecca Lubinsky
Created/Written By:	Katie Butterfield, Revenue Cycle Specialist
Effective Date:	10/2/2017
Date(s) of Revision:	
References:	support.procentive.com/Biller; www.wpc-edi.com/reference/

STATEMENT OF PURPOSE

The guidelines within this procedure provide instructions for managing claim denials.

AREAS OF RESPONSIBILITY

Revenue Cycle will monitor, interpret, distribute and manage claim denials for FCC.

PROCEDURE

DENIED OR UNPAID CHARGES

A denial of a claim/charge is the refusal of an insurance company or payer to pay for health care services submitted by FCC. 'Unpaid' is a description of charges that have been submitted to an insurance for payment and no response has been received from the payer.

1. Identify denials and non-payments
 - a. Run reports
 - Unpaid Service Line Report (1310)
 - Unresolved Write-off Report (5940)
 - Payments Breakdown (1370)
 - Billed Items Report (1010)
 - b. Sort report by high dollar amounts to focus on different issues
 - Client
 - Payer
 - Department/Program
 - Date of Service
 - c. Begin reviewing individual line items



2. Identify reason for claim denial; root cause analysis
 - a. Review Denial Type
 - Billing/Claim
 - Check that correct provider is on the charge
 - Check that correct supervisor is on the charge
 - Check for correct modifiers on the charge
 - Eligibility/Authorization
 - Check that the claim was filed to the correct payer
 - Check that client has active coverage
 - Check that an authorization was obtained and loaded into Procentive
 - Check that the authorization was tagged to the charge
 - Non Covered
 - Check if the client has mental health benefits
 - Check if the code required a prior authorization
 - Check if the provider credentials are appropriate for the charge
 - Unpaid [No response from insurance]
 - Claim status should be checked with payer
 - b. Contact payer via phone or web to discuss/resolve claim
 - Obtain the following information from payer:
 - Claim Number [ICN (Internal Control Number)]
 - Payer Representative Name
 - Call Reference Number
 - Claim Status - Payment/Denial Info
 - Payment
 - Payment Amount
 - Payment Date
 - Payment Type (Single Check, Bulk Check, EFT)
 - Payment Number (Check Number, Tracer Number)
 - Denial
 - Reason for denial
 - How to fix claim issue
 - How to resubmit claim



3. Correct denial as needed
4. Resubmit claim to payer for reprocessing
5. Document actions in billing system

Notes must include but are not limited to:

- Date of action (*required*)
- Name of person conversed with
- Association of the person in relation to account (Parent, insurance company, etc)
- Number used to contact person in conversation (if FCC initiated contact)
- Claim status/action taken/account update
- Next steps or actions that need to occur and timeframe for said actions
- Initials of staff leaving note (*required*)

APPEALS

An appeal takes place when Revenue Cycle staff disagree with a denial or payment decision made by a payer. An official appeal typically comes after one or more attempts to resubmit a claim for payment.

1. A payer's appeal process should be considered and followed when submitting a claim for appeal
2. When submitting an appeal, the following steps should be taken to make a convincing and logical appeal to the payer:
 - a. State why the claim was denied
 - b. Submit a valid, detailed argument as to why the appeal should be paid and any new evidence to support the payment
 - c. Reference documentation in the argument and include document pointers such as "see attachment A"
 - d. Include copies of the reference materials
 - e. Include a list or index of reference/attachment material
 - f. Retain a copy of the appeal with all attachments



WRITE-OFFS

A write-off takes place when Revenue Cycle staff have no other option of obtaining payment for a charge. A write-off is an absolute last resort and may be the result of multiple reasons that a charge is not paid for by insurance.

1. Complete *Refund Write Off Request* document
Along with client Name and Account Number, include reason and supporting details that explain why write-off is the only solution for claim. Any and all actions taken to resolve the denial or non-payment should be part of the write-off request.
2. Submit to Revenue Cycle Supervisor for approval

Possible reasons for a write-off

- Eligibility – No active coverage at the time of service and unable to bill client
- Authorization – Service required an authorization and one was not obtained
- Timely Filing – Service was not billed within timely filing parameters of payer
- Timely Appeal – Denial was not corrected within timely appeal parameters of payer

Small balance write-offs under \$10 can be completed by Revenue Cycle Supervisor at their discretion.

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Procedure Name:	OUTSTANDING BALANCE COLLECTION
Procedure Number:	501
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Katie Butterfield/Becky Lubinsky
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

It is the procedure of Family & Children's Center (FCC) to pursue collection of client balances from clients who have the ability to pay for these services. Collection procedures will be applied consistently and fairly for all clients regardless of insurance status. All collection procedures will comply with applicable law and with FCC's mission. This procedure outlines the process of sending monthly client statements and all attempts to collect outstanding personal pay balances; including the removal of bad debts from our billing system as a total loss due and final attempt to collect bad debt with the assistance of FCC's outside collection agency, Tri-State Adjustments.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE


Statements must be mailed to clients by the 15th of each month. RC staff will need up to 2 days to review all statements before mailing.

1. Open 'Reports' module
2. Type 3560 in search box
3. Click on hyperlink for report 3560 "Procentive Statements"
4. Select the following criteria to run statements:



- a. Statement Period: Last Month
- b. Exclude balance less than: \$1
- c. Instructions: “The balance is due within 30 days, unless you have approved payment plan”
- d. Past due notice: “This statement is PAST DUE”
- e. Company Name: Settings Module
- f. Company Address: Settings Module
- g. Check the boxes for:
 - Show detail on lines that are past due
 - Do not include unallocated payments
 - Visa, MasterCard, Discover, American Express
- h. Under the ‘Exclusions’ tab, exclude the following programs:
 - CCS Supported Employment
 - Community Support Program – La Crosse
 - Community Support Program – OC/LAX JAX MON
 - Community Support Program – OC/VERN
 - Community Support Program – VERN
 - Community Support Program – WRIC
 - Domestic Abuse Program
 - Family Interaction/Parenting Place
 - GVC Tenants
 - Healthy Families
 - Hope Academy
 - In-Home Safety Services – La Crosse
 - Independent Living
 - Intensive Tracking Program – Winona
 - Matty’s Place/FGDM
 - Residential Care Center
 - Respite – Community
 - Respite – Outside/Emergency- WI
 - Treatment Foster Care – Minnesota
 - Treatment Foster Care – Wisconsin
 - Youth Home



- i. Click “Display”
- j. Click  in the upper right corner
- k. Verify that two-sided printing is **not** selected, then click Print

Each individual statement will be reviewed & tracked according to the table below. Special consideration may be given to an account based on the providers input and knowledge of the family’s current situation.

All statements that are 60-days old or older are tracked on a separate spreadsheet and shared with the Program Assistant/Provider Coordinator/Office Manager on a monthly basis.

All statement activity will be noted in the ‘Clients’ module under the ‘User Defined’ tab, ‘Guarantor’ Notes section.

If client/guarantor is referred to Tri-State Adjustments (TSA) for multiple occurrences of bad debt, the following rules will apply:

- 1 TO (turnover to collections) and balance paid in full: approval to schedule
- 2 TO: NO Future Services without Admin approval.

Responsible	Action
RCS	1. Monthly statement sent within 30 days of patient balance.
RCS	2. 60 Day statement sent with notice of balance being past due; including red stamp.
RCS	3. 90 Day statement with orange sticker stating “If payment arrangements are not made within 10 days, account will be listed with Tri-State Adjustments.”
RCS	4. 120 Day call to patient to attempt to collect and/or make agreeable payment plan. <ul style="list-style-type: none"> a. RC staff will continuously monitor all payment arrangements. If promise to pay is broken at any time, patient collection status will return to 60 day statement.
RCS	5. 150 Day email to provider to approve account for turnover to collection agency.
RCS	6. Submit account to Tri-State Adjustments for collection <ul style="list-style-type: none"> a. Prepare write-off request for amount turned over to TSA b. Alert program staff of turnover c. Final call to patient will be made at staff discretion.



Program Assistant	7. Program Assistant informs therapist to complete program discharge paperwork. a. Discharges client in patient accounting system. b. Completes file discharge.
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Exceptions: This procedure does not apply to the Community Support Program (CSP).

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	PAYMENT AGREEMENT/PAYMENT PLAN
Procedure Number:	502
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/1/2027
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

It is the procedure of Family & Children's Center to pursue collection of client balances from clients who have the ability to pay for these services. Collection procedures will be applied consistently and fairly for all clients regardless of insurance status. All collection procedures will comply with applicable law and with FCC's mission. Payment arrangements will be offered based on the outstanding balance of the client; using the following guidelines. Current client responsibility is defined as amount owed on current statement, as well as estimated charges if self-pay.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist - RCS
 Revenue Cycle – RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

Current Client Responsibility	Monthly Payment Amount	Months to Pay
<\$25	Payment In Full	1
\$25-250	1/6 th of amount due	Up to 6
\$251-500	1/12 th of amount due	Up to 12
\$501-1500	1/24 th of amount due	Up to 24
>\$1500	1/36 th of amount due	Up to 36



Responsible	Action
Client	As part of new client packet, all guarantors will sign FCC Payment Agreement.
RCS	RCS staff identify client that requires payment plan. All clients with outstanding balance will be asked to establish a payment plan.
RCS	RCS will consult payment plan guideline in order to present offer of plan to client.
RCS	Agreed upon payment plan will be noted in Procentive.
RCS	If client is unable to agree to terms according to guideline, exception approval should be requested from Coordinator of program according to client diagnosis/treatment plan.
Client/RCS	Client will sign payment plan contract whenever possible; verbal agreements are also accepted.
RC	Revenue Cycle staff will monitor payment plans to ensure client is compliant.
RC	'Broken Promises' to pay will immediately begin to follow FCC Collection Procedure with process consistent with a delinquent account at the 105 days past due. See Procedure/Flow.
RC	RC staff will monitor payment plans for regular review to ensure that the payment plan does not need to be re-negotiated based on current client responsibility.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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Procedure Name:	SELF-PAY DISCOUNT
Procedure Number:	503
Domain:	Revenue Cycle
Approved By:	Diane Finnegan/Becky Lubinsky
Created/Written By:	Becky Lubinsky
Effective Date:	11/1/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

It is the procedure of Family & Children's Center to pursue collection of client balances from clients who have the ability to pay for these services. Collection procedures will be applied consistently and fairly for all clients regardless of insurance status. All collection procedures will comply with applicable law and with FCC's mission. Self-Pay Discount candidates are defined as:

- a) Clients who have no health insurance.
- b) Clients receiving services that are NOT covered by health insurance, or another state, government, liability or workers compensation program. The maximum discount given will be 25 percent. The Self-Pay Discount does NOT apply to predetermined or contracted fee arrangements.

AREAS OF RESPONSIBILITY

Family & Children's Center - FCC
 Revenue Cycle Supervisor - RCSup
 Revenue Cycle Specialist – RCS
 Client Services Specialist - CSS
 Revenue Cycle - RC
 Accounts Payable - AP
 Accounts Receivable - AR

PROCEDURE

Responsible	Action
Client	As part of new client packet, all guarantors will sign FCC Payment Agreement.
Client	Upon report by client, no insurance/funding source exists.



RCS/CSS	FCC staff will check Medical Assistance eligibility.
RCS/CSS	If Medical Assistance eligibility is negative, client will be offered self-pay discount.
RCS/CSS	FCC staff will calculate approximate amount of charges to be incurred, less 25%.
Client	Client will be required to pay in full before services are rendered.
RCS/CSS	If client is unable to pay in full prior to services rendered, payment arrangements can be established with prior leadership approval. See Payment Arrangement Procedure guidelines.
RCS	FCC staff will load payer 'Self-Pay' which will automatically apply the 25% discount at the time that the charge is billed.
RCS	In the event that the actual charges differ from the pre-service estimate, a statement can be sent to the client for the remaining balance, requesting payment in full.

GETTING HELP

Contact Revenue Cycle Staff at x686.

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