



# Electronic Billing for Intellectual and Developmental Disability Services

## ✓ Complete Revenue Cycle Management Solution

Claim creation, submission of 837 electronic claims, handling denials, voids and replacements, posting of 835 ERA and reports

## ✓ Integrated with Therap Suite of Applications

Create service delivery documentation using Attendance, ISP and Case Note

## ✓ Supporting Documentation for Each Billing Unit

Use documents to support each billing unit during audits or missing units

## Manage Claim Life cycle

Manage claim life cycle with easy to track claim status and claim history

## Reduce Denials

Ensure accurate claim data with Claim Templates

## Reduce Rejections

Payer specific validations for earlier detection of errors

## Payment Posting

Automatic posting of payments from 835 ERA

## Automated Submission

Automated scheduled submission making sure claims are submitted before weekly claim cutoff time

## Extensive Reporting

Extensive reporting for quality assurance  
- Utilization, Aging, Reconciliation,  
Denied Reports

## Customer Support

Dedicated support to help with setup and day to day MMIS issues

**ICD-10  
Qualifiers**



[www.TherapServices.net](http://www.TherapServices.net)



203-596-7553

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## About Therap

Therap is the industry leader in providing electronic records and documentation in long-term care services for people with Intellectual or Developmental Disabilities. Therap is a web-based application suite designed to provide a comprehensive solution for the planning, documentation, reporting, communication and billing needs of organizations which support people with intellectual and developmental disabilities in home and community-based services (HCBS), and other Long Term Services and Supports (LTSS) settings.

Using secure cloud technology, the Therap system improves the quality of service within day programs, assisted living facilities, ICF/IID facilities, community support programs and state organizations. Daily communication and reporting between the state agencies, administrators, health care professionals, case managers, quality assurance teams and families become seamless. Therap currently supports over 500,000 individuals across the United States and internationally.

## System Features

### Multilevel-Access Privilege

With Therap's multi-level access mechanism, administrators, provider staff and family members of individuals can effectively share information from the same source securely.

### Electronic Signatures and Audit Trails

All actions performed on Therap electronic forms and records bear the electronic signature of the user. Audit trails can be tracked by administrators for all electronic documents with just a few clicks.

### Comprehensive Reports

Comprehensive reporting features are available for all modules and forms.

### Alerts and Notifications

Automatic alerts are sent to users when Service Authorizations approach Low Balance and Expiration Dates.

### Secure Communications

Encrypted messages can be shared between agency users such as case managers, administrators and supervisors at different locations in a HIPAA compliant way.

# Complete Billing Solution

Therap's Electronic Billing is a complete Revenue Cycle Management Solution for Intellectual and Developmental Disabilities Service providers. It is fully integrated with Therap Suite of Applications which makes it possible to have service delivery documentation for every single billing unit.

Therap's Electronic Billing System includes the following features:

- Create Professional and Institutional Claims
- Submit electronic claims in X12 837 format
- Manage denials and rejections
- Submit void and replacement claims
- Post payments using 835 ERA (Electronic Remittance Advice)
- Manage claim lifecycle with claim status and claim history
- Reduce denials with Claim Templates
- Reduce payer rejections with validations
- Generate Billing units from service delivery documentation
- Extensive reporting for quality assurance and finance office
- Manual tracking of claims and PDF invoices
- Create service delivery documentation using Attendance, ISP Billing and Case Note
- Automated scheduled submission of claims before weekly cut off time
- Daily, quarter hourly, hourly, monthly unit calculations for services
- ICF (Intermediate Care Facility) billing unit calculations and monthly/yearly hospital, therapeutic and other leave days tracking
- Customer Support to help with setup and MMIS issues

## Electronic Claim Submission

- ✓ Trading Partner agreements with Conduent, DXC Technology, Molina Healthcare (MMIS Vendor)
- ✓ Direct electronic claim submission to payers
- ✓ Claim submission through clearing house
- ✓ HIPAA 5010 compliant
- ✓ ICD-10 compliant

## Billing Dashboard with role-based Access Control

| To Do                | Attendance            |  |
|----------------------|-----------------------|--|
| Individual           | Attendance            | New   Search   Summary   Archive   |
| Health               | Professional Claim    |  |
| Agency               | Billing Data          | New   Search   Summary   Detail Report   ISP Billing   Case Note Billing   Archive                         |
| Billing              | Service Authorization | New   Search   Archive   |
| Admin                | Professional Claim    | New   New (Using Template)   New Template   Send   Search   Template Search   Transaction Search   Archive |
| Agency Reports       | Report                | Utilization   Unclaimed   Reconciliation   Denied Claim   Aging Report                                     |
| Individual Home Page | Claim Submission      | Send Claim   |
| Settings             | Remittance 835        | Search   |
|                      | Institutional Claim   |  |
|                      | Billing Data          | New   Search   Summary   Detail Report   ISP Billing   Case Note Billing   Archive                         |
|                      |                       | New   Search   Archive   |

| Billing                             |                        |
|-------------------------------------|------------------------|
| Funding Source                      | New   List   Archive   |
| Description/Code                    | New   List   Archive   |
| Cost Center Type                    | New   List   Archive   |
| Attendance Type                     | New   List   Archive   |
| Custom Attendance PDF Configuration | New   List   Archive   |
| Leave Rule                          | New   List   Archive   |
| Taxonomy Code                       | New   List   Archive   |
| Billing Provider                    | New   Search   Archive |
| Custom PDF Invoice                  | New   List   Archive   |
| CMS-1500 Print Calibration          | New   List             |
| UB-04 Print Calibration             | New   List             |
| Revenue Code                        | New   List   Archive   |
| Template Group                      | New   List   Archive   |
| Unit Calculation Rule               | New   List   Archive   |
| Carrier                             | New   List   Archive   |
| Policy Holder                       | New   Search   Archive |



# Service Authorization

Therap's Service Authorization controls the Billing setup process. The following are some of the useful features:

- Track total authorized units
- Track unit rate change history by entering rate for date ranges
- Select data collection method as Case Note, ISP Billing, Attendance or direct Billing unit entry
  - Customizable Attendance Type for Attendance data
  - Define ISP Program for ISP Data source
  - Customizable Unit Calculation Rule for calculating billable units for Case Note
- Define unit calculation algorithm - quarter hourly, hourly, and three quarter hourly rounding options
- Set up maximum units for daily, weekly, monthly, quarterly and semi-annual time periods
  - Define option to create non-billable units when maximum limit is exceeded
- Enter Patient Responsibility Amount and set up options for its application
- Set up notifications
  - For Service Authorization expiration
  - For Service Authorization with low remaining units
- Copy Service Authorization to create a new one with existing configurations
- Option for entering ICD-10 diagnosis code

**Service**

Service Description/Code: Behavior Therapy Level 1/HQ2019  
Unit of Measure (Label): Quarter Hour

Total Billable Units: 250.00  
Default Unit Rate (\$): 5.00 ☒ Enable Rate History

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

| # | Date From  | Date To    | Unit Rate (\$) |        |
|---|------------|------------|----------------|--------|
| 1 | 07/01/2016 | 06/30/2017 | 5.67           | Delete |
| 2 | 07/01/2017 | 06/30/2018 | 5.72           | Delete |

Add More

Total Authorized Amount (\$): 1250.00

Patient Responsibility Amount (\$): 10.00

Applying options: ☒ Apply once in a month ☐ Apply until full consumed

Procedure Modifiers: U3 - ITF - HQ -

Service Form of Service Authorization

## Creating Service Authorizations in bulk using Export/Import feature

- Export existing Service Authorizations to an excel file to create new ones with the same configuration
- Use blank excel template to create new Service Authorizations in bulk

# Administrative Features

The following administrative setup is done by the provider administrator:

- Funding Source
  - Medicaid, Medicare, MCOs and other Commercial payers
- Service Description Code
  - Day Supports, Residential Habilitation and Respite
- Billing Provider
  - Rendering Provider, Referring Provider
- Revenue Code
- Taxonomy Code
- Claim Templates
- Custom PDF Invoice
- Leave Rule
  - For ICF Billing
- Trading Partner
- Unit Calculation Rule
  - For Case Note Billing

**Funding Source**

Name: Demo Funding Source

Funding Provider Number: 75543

Vendor ID: 54321

Street 1: 123 Main St

Street 2: 123 Pine St

City: Anytown

State: CONNECTICUT

ZIP: 12345

County:

Fax: 112-345-6789

Email: jee@pmt.net

**Billing Provider**

Name:

Entity Type: Non-Person

Organization Name: DEMO

First Name:

Last Name:

Middle Name:

Identification Information

ID Type: Social Security Number (SSN)

ID Number: 000-11-1111

Medicaid Provider Number: 123456

NPI Number: A123456789

Provider Commercial Number: 123456789

Additional Provider Number: 123456

Administrative Setup of Funding Source and Billing Provider



# Electronic Claims

- Therap's Billing system offers both Professional and Institutional claims
- The system also executes several validations and payer specific edits for 837 compliance prior to submitting claims
- When Claim Templates are used, claim creation process becomes a lot easier and faster
- The claim life cycle is tracked by various claim status that makes it easier for users to handle rejected and denial claims, submit voids and replacements
- All claim changes are archived in Therap and the claim history provides insight to claim related issues
- Payments can be posted with 835 ERA files. Therap produces payment reports based on the ERA information
- Claim denials are also recorded from the 835 ERA. Denial reasons are shown in the Remittance report when a Claim is in denied status
- Once the payments are posted, the claims are marked as paid and all payment related information are tracked
- Claim submission history is recorded with submission date and time

## Institutional Claim

- Generate ICF/IDD claims from Attendance including ICF services
- Generate 837I claims for New York Waiver services
- The setup process of Service Authorization and Claim Template provides necessary data elements and validations to ensure accurate claim creation resulting in reduced rejections/denials
- Claims for private payers can be tracked manually by generating UB-04 claim forms in Printable format

### Institutional Claim form

Form ID: ICLM-DEMO-FV4PUQZSPJUA  
Status: Billable  
Created By: Steven Hall, Auditor  
Create Date: Tue, 19 Sep 2017 02:48:09 PM

**Claim Information**

Payer: State Medicaid  
Individual Name: Smith, Jacob (Medicaid Number: 54321)  
Date of Birth: 01/01/2001  
Gender: Male  
Residence Address: 123 Main St., Anytown, CT, 12345  
Type of Bill: 11  
Claim Frequency Type Code: 1-Original (Admit thru Discharge Claim)  
Original TCN/ICN Number: [Empty]

Admission Date: 08/23/2017  
Admission Time: 11 Hours 13 Mins  
Admission Type: 2-Urgent  
Admission Source: [Empty]

Discharge Time: 12 Hours 07 Mins  
Patient Status: 00-Not Applicable

Statement Period From Covered Days: 09/06/2017  
Statement Period To Non-Covered Days: 09/06/2017

Medicare Assignment Code: C-Not Assigned  
Release of Information Code: Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim  
Claim Filing Indicator: Medicaid  
Signature On File: Yes  
Assignment of Benefits Indicator: Yes  
Explanation of Benefits Indicator: No  
Payer Responsibility: Primary  
Relationship to Individual: Self  
Special Program Code: 03-Special Federal Funding  
Delay Reason Code: Select  
Prior Authorization Number: [Empty]

## Professional Claim

- Claims can be generated individually or by using claim templates
- Claims for private payers can be tracked manually by generating CMS 1500 claim forms in Printable format

### Professional Claim form

Form ID: CLM-DEMO-FDV4NEWZTPJUA  
Status: Billable  
Created By: Steven Hall, Auditor  
Create Date: Sat, 4 Mar 2017 10:29:02 AM

**Claim Information**

Payer: State Medicaid  
Billing Provider: Demo Billing Provider (SSN: 000-45-7890, NPI# 0012345678, PCN# 001234567, Taxonomy# 106E00000X)  
Pay-to Provider: Demo Billing Provider (SSN: 000-45-7890, NPI# 0012345678, PCN# 001234567, Taxonomy# 106E00000X)  
Rendering Provider: Demo Billing Provider (SSN: 000-45-7890, NPI# 0012345678, PCN# 001234567, Taxonomy# 106E00000X)  
Referring Provider: Les, James (SSN: 000-11-1111)  
Service Facility Location: Demo Billing Provider (SSN: 000-45-7890, NPI# 0012345678, PCN# 001234567, Taxonomy# 106E00000X)  
Individual ID: Smith, Jacob (Medicaid Number: 54321)  
Date of Birth: 01/01/2001  
Gender: Male  
Residence Address: 123 Main St., Anytown, CT, 12345  
Signature On File: Yes  
Place of Service: 14-Group Home  
Claim Frequency Type Code: 1-Original (Admit thru Discharge Claim)  
Original TCN/ICN Number: [Empty]  
Medicare Assignment Code: C-Not Assigned  
Release of Information Code: Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim  
Patient Signature Source Code: P-Signature generated by Provider because the Patient was not Physically Present for Services  
Claim Filing Indicator: Medicaid  
Assignment of Benefits Indicator: No  
Payer Responsibility: Primary  
Relationship to Individual: Self  
Special Program Code: Select  
Delay Reason Code: 11-Other  
Prior Authorization Number: [Empty]

**Service Lines**

| Delete All               | Bill Data ID              | Date of Service | Service Code | Service Description      | Procedure Modifiers | Primary Diagnosis Code | Diagnosis Code Pointer | Unit Rate (\$) | Billable Units | Unit of Measure | Amount Billed (\$) | Paid At                  |
|--------------------------|---------------------------|-----------------|--------------|--------------------------|---------------------|------------------------|------------------------|----------------|----------------|-----------------|--------------------|--------------------------|
| <input type="checkbox"/> | 1 BILL-DEMO-F4F6X0T2FAHTL | 02/02/2017      | H2019        | Behavior Therapy Level 1 |                     | R69                    | 1                      | \$18.81        | 1              | Quarter Hour    | \$18.81            | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 BILL-DEMO-F4F5VKT2ZABJ  | 02/03/2017      | H2019        | Behavior Therapy Level 1 |                     | R69                    | 1                      | \$18.81        | 1              | Quarter Hour    | \$18.81            | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 BILL-DEMO-F4F5VKT2ZABK  | 02/04/2017      | H2019        | Behavior Therapy Level 1 |                     | R69                    | 1                      | \$18.81        | 1              | Quarter Hour    | \$18.81            | <input type="checkbox"/> |

Add Service Line

Total Claim Amount (\$) 56.44  
Amount Paid (\$) 0.00  
Patient Responsibility Amount (\$) 20

**X12-837 Note**

This note will be added to X12-837.

# Integrated Individual

Therap's Integrated Billing solution connects the Individual Budgeting modules with Therap's direct electronic Medicaid billing to simplify authorizing, documenting, and billing services. These modules create strong link between individuals, service provider agencies, and oversight agencies.

The Individual Budgeting modules facilitate the development of a person-centered budget for an individual. Services in an approved budget are not provider-specific. Upon the approval of the budget, Service Authorizations are automatically sent to the appropriate providers preconfigured with the appropriate business rules and attendance configuration. The provider only has to click to accept.

Service Authorizations are created by oversight users from the Budget page. With Service Authorizations in place, users can track billing units from billable attendance logs.

From attendance logs of billable units, claims are automatically generated. Simultaneously, the consumed units are sent to the service coordinator who can choose to accept or reject the units. If the units are accepted, the provider's claim is automatically sent for processing of payment.

## Budget

The Individual Budgeting module has been designed to track an individual's budget, use of authorized services within a specific budget period. An oversight agency can define an individual's total budget amount (IBA) and applicable budget amount within a specific budget period and specify exceptions to the individual budget amount. An individual's use of authorized services can be tracked by a service provider or oversight agency. Users can compare projections to actual utilization using various reports that are available.

Budget

Jacob Smith

Update Detail(s)

Created By: Jacob Anderson, Service Coordinator on 07/30/2016 10:15 AM

Last Updated By: David Powell, Program Manager on 11/07/2016 01:22 PM

Approved By: David Powell, Program Manager on 11/07/2016 01:22 PM

Update History

Duration: 05/01/2016 - 06/30/2018

Status: Approved

Form ID: IB-DEMONE-ASY35W4YE

Time Zone: US/Eastern

Oversight ID: 0001

IBA: \$45,000.00

Funding Level:

ICAP Score:

Applicable IBA: \$45,000.00

Total Exception Amount: \$8,000.00

Total Amount: \$53,000.00

Consumed Amount: \$348.60

Remaining Amount: \$52,651.40

IBA Exception

Added Exception(s)

| Amount     | Begin Date | End Date   | Category       | Status   | Create Date         | Action |
|------------|------------|------------|----------------|----------|---------------------|--------|
| \$5,000.00 | 03/01/2016 | 06/30/2018 | IBA Category-A | Approved | 02/11/2016 02:50 PM | Show   |
| \$3,000.00 | 03/01/2016 | 06/30/2018 | IBA Category-B | Approved | 11/01/2016 12:08 PM | Show   |

Add IBA Exception

## Independent Provider Billing

Oversight users can create independent provider accounts on Therap for service providers providing community based supports to single individuals. Independent providers are then able to use Therap's Attendance features to bill for services in hourly or daily increments. This information is logged on Therap and received by the state who approves the billable units submitted by the independent provider.

# Budgeting and Billing

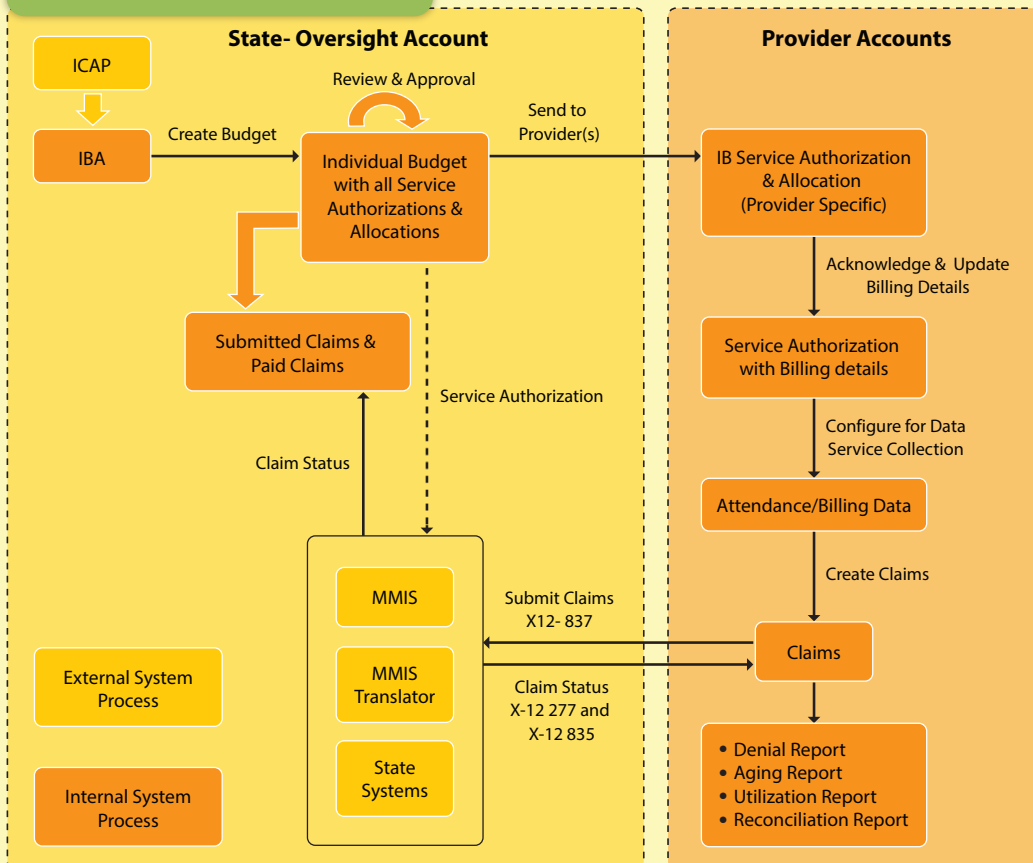
## Electronic Billing

Therap's billing application automatically exports claims in the ANSI X12 837 format. The electronic claim generation process meets the HIPAA Version 5010 standard for electronic claim transactions. Therap's billing application allows for daily, weekly and monthly unit capture for billable services with rounding algorithms that calculate an array of time increments. Therap's billable service tracking modules record services from the point of delivery.

### Professional Claim

| Professional Claim                        |   |
|---|---|
| Form ID: CLM-DEMO-FAX2XSJWLX675           |   |
| Status: Pending Approval                  |   |
| Created By: Mia Cole                      |   |
| Create Date: Tue, 29 Aug 2017 05:43:45 PM |   |
| Claim Information                         |   |
| Payer                                     | DEMO  |
| Billing Provider                          | DEMO Billing Provider   |
| Pay-to Provider                           | Demo Billing Provider   |
| Rendering Provider                        | Demo Provider   |
| Individual Name                           | Isabella Johnson  |
| Individual ID                             | 1234567890  |
| Date of Birth                             | 04/14/2009  |
| Gender                                    | Female  |
| Residence Address                         | 123 Main Street, Anytown  |
| Signature On File                         | Yes   |
| Place Of Service                          | 99-Other Unlisted Facility  |
| Claim Frequency Type Code                 | 1-Original (Admit thru Discharge Claim)   |
| Original TCN/ICN Number                   |   |
| Medicare Assignment Code                  | C-Not Assigned  |
| Release of Information Code               | Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim |
| Patient Signature Source Code             | P-Signature generated by Provider because the Patient was not Physically Present for Services   |
| Claim Filing Indicator                    | Medicaid  |
| Assignment of Benefits Indicator          | No  |

## Integrated Billing Workflow



## For Provider Agencies

When a provider agency accepts a service authorization, services and support are initiated. The provider can start collecting data and generating billing information. Recording an individual's time in and time out provides billing data.

## Professional Claims

Claims are automatically generated and submitted for billing. Providers can track whether claims for the services provided were approved or rejected.



# Billing from Attendance

Therap's Attendance module is a highly configurable tool for tracking individual attendance. The comprehensive set of features include:

- Configurable Attendance Type setup based on service documentation requirements
- Link to Service Authorization ensures accurate billing
- Daily unit calculation
  - Based on Attendance Option: Present, Absent as defined in Attendance Type
  - Based on duration from Time in/out: Quarter Hourly, Hourly
- Direct Billing Units from Attendance for tracking transportation service
- Monthly/Date Range/Continuous unit calculation
- Configurable lunch time deduction when calculating units
- Attendance approval step to detect errors before billing unit generation
- ICF Billing rules to track monthly/yearly maximum allowed Hospital, Therapeutic and other leave days
- Attendance linked to ISP Data - making sure every single unit has supporting documentation for audit
- Role based access - Direct Support Professionals can enter Attendance, House Managers can approve and Billing Office can generate billing units
- Reports - printable PDF census report, statistics report

## Attendance Statistics Report

| Individual Name | Attendance Options |          |          |          | Total      |
|-----------------|--------------------|----------|----------|----------|------------|
|                 | P                  | A        | NS       | C        |            |
| Cox, Lauren     | 22                 | 0        | 1        | 0        | 23         |
| Hayes, Ashley   | 20                 | 2        | 1        | 0        | 23         |
| Taylor, Austin  | 22                 | 0        | 0        | 1        | 23         |
| Thompson, James | 19                 |          | 2        |          | 21         |
| Smith, Jacob    | 22                 | 1        | 0        | 0        | 23         |
| <b>Total</b>    | <b>105</b>         | <b>3</b> | <b>4</b> | <b>1</b> | <b>113</b> |

## Four easy steps to enter Attendance

## Attendance Screen

Step 1 Select an Attendance Option

Step 2 Enter Time In/Out

Step 3 Select one or more individuals

Step 4 Click on the Submit New button

The screenshot shows the 'Attendance' screen with the following elements:

- Form Fields:**
  - Attendance Options:** Present (P) - [Bilable]
  - Time In:** 8:15 am
  - Time Out:** 2:15 pm
  - Service Provider:** Steven Hall, Auditor
  - Non Billable:** [ ]
- Buttons:** Incomplete, In Prep, Approved, Submitted for Billing, New, Input, Update, Approve, Generate Billing Data, Change Services.
- Grid:** A table showing attendance for individuals across days of the week (1 Thu, 2 Fri, 3 Sat, 4 Sun, 5 Mon). The grid includes columns for 'Individual Name' and 'Attendance Options' (P, A, NS, C).
- Footer:** [Back] [Cancel] [Submit New]

# Billing from ISP Data

## Service Logs & Progress Tracking

- Document the Plan Building Process for Individual Based Services
- Create Individualized Goals and Objectives
- Track Services and Goals on a Daily Basis
- Regularly Track Progress using Service Data Collection
- Track Service Utilization
- Generate Billing Information Directly from Service Logs
- Generate Progress Reports, Graphs and Time Logs for Review & Analysis

**Service Data** can be collected for a corresponding ISP Program through the ISP Data module. Billable ISP Data can be used for generating billing units by multiple unit calculation options. For billable data, billing units are calculated automatically from ISP Data accurately. The user may use collected data for billing per session or bundle by day. The billing data collected from service records is linked to prior authorization and 837 claims can be submitted efficiently and billable ISP Data can be tracked from Billing Data forms. The introduction of **ISP Data Mobile Apps for Android and Apple Devices** allows users to collect service notes while ensuring visit verification with GPS location. Features include voice-to-text, image attachment, and digital signature.

**ISP Programs** are used to design and document teaching programs that track training goals and

Billing Units can be calculated from ISP Data

**Individual Support Plan**

ISP Form Info

Status: Approved  
Form ID: OISP-DEHO-FES4HXBAFX7SD  
Approved By: Steven Hall, Program Manager on 03/27/2017 05:02 AM  
Entered By: Anthony West, Direct Support Professional on 01/19/2017 04:07 AM

Update History

Individual Name: Jacob Smith, 12345 Date of Birth: 1/1/2001

Does Individual Representat ISP Meeting

ISP Start Date

ISP End Date

What is most Individual? Jacob likes to get times. It is in

**Generate from ISP Data**

You have agency wide ISP Billing Conversion Role

\* Date From: 11/01/2017  
\* Date To: 11/30/2017

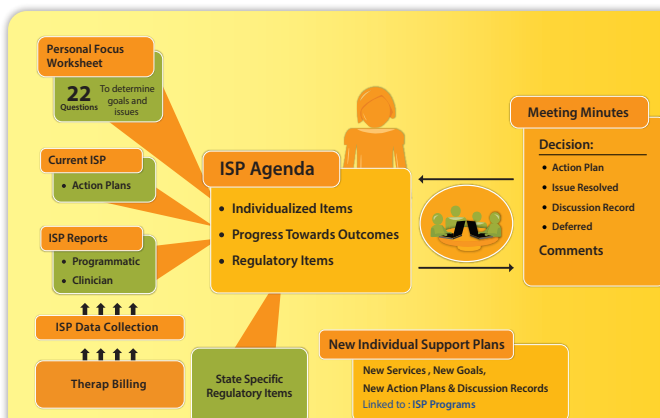
\* Service Description (Code)  
Select  
Adult Day Training - Facility Based or Off Site (S5102)  
Behavior Assessment (H2020)  
Behavior Therapy Level 1 (H2019)  
Behavior Therapy Level 2 (H2019)  
Behavior Therapy Level 3 (H2019)

Program (Site)  
Select  
10th Street (Group Home)  
11th Street (Day Care Centre)  
12th Street (Day Care Centre)  
15th Street (15th Street Group Home)

Next >>

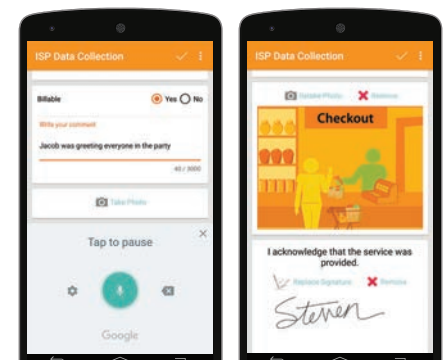
objectives of an individual. The ISP Program can also be attached to Service Authorizations for generating billing units based on service data collected under it. **ISP Agenda** stores an account of the previous year's progress of an individual that ISP team members use to assess what factors worked well and made sense to implement for the individual.

**Individual Support Plans** provide enhanced and detailed information that facilitates methodical and concise individual plan-building. The ISP toolkit includes program definition, data collection of billable and non-billable units and, report generation.



## Individual Support Planning

Once a meeting with the information from the individual's Worksheet and ISP reports are concluded, the decisions are recorded as minutes within the approved agenda and used in creating future plans.



Voice-to-Text Functionality Available

# Billing from Case Notes

- Detailed record of meetings/sessions
- Billable Case Notes
- Linking to service authorizations and questionnaire
- Configurable templates

The Case Note module provides an area to record information or counseling sessions. Provider Administrators can create templates for Case Notes with Location, Activity Type, Time Format, and Questionnaire. Approved and Default Templates can be selected for the agency, where fields from the Template auto-populate on the Case Note. Providers can create Case Note Templates to meet DAP, GIRP, PAIP, SOAP, Clinical Assessment, and other progress note format requirements.

A Questionnaire can be selected while creating a Case Note Template and answered within Case Note to record detailed answers to questions regarding individual's health, behavior, progress, services, supports and more. Users with appropriate administrative privileges can create and add survey questions to a questionnaire.

Case Notes can be determined as billable and can be linked to the individual's Service Authorization. Users can mark if the meeting occurred face-to-face with the individual and/or involved persons. Others who were present can be noted within the body of the Case Note.

Billing units can be calculated from Case Note

Case Note Submitted

Template: Intake-1

Case Note Details

Individual: Jacob Smith, 12345

\* Service Provider: Hall, Steven / Auditor

Service Date: 11/02/2017

Time Duration (Minutes): 30

Service & Unit Rate (\$): Chore Services (\$5120) \$5.0

Billing Diagnosis Code: R69

Activity Type: Billable

Case Note Billing Search

\* Service Description (Code): Chore Services (\$5120)

\* Service Date From: 11/02/2017

\* To: 11/03/2017

Program (Site): Search

1st Street (Group Home) ✕

10th Street (Group Home) ✕

Cancel Search

## Case Note Template

Template Details

Field Properties

|          | Time                                | Service & Unit Rate (\$)            | Activity Type                       | Location                            | Billable                            | Face to Face                        | Person Contacted                    | Questionnaire                       | Attachment                          | Notes                               |
|----------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Visible  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Required | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Field Values

\* Name: Preference

Time Format: ☐ Duration ☒ Time Range

Location(s): Search

1st Street ✕

2nd Street ✕

3rd Street ✕

Activity Type(s): Search

Billable ✕

Questionnaire: Preferences

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## Billable Case Notes

Case Notes marked as Billable can be used to generate professional claims for services provided. Service Authorization may also be set up so that Case Note is utilized as the method for data collection. Users can define how billable units are to be calculated from Case Notes. They are able to use the Unit Calculation Rule option, which allows them to select bundles rules (bundle for each day or for a date range), time in/time out and appropriate rounding algorithms.



# Billing Reports

With Billing module reports, you can chart percentage utilization from total units of service, view TCN/ICN numbers, billing provider, total amount paid, and an overall summary. Billing reports can be used for A/R revenue report and cash management statements.

## Reconciliation Report

Generate reconciliation information with 47 elements including program cost center number, site cost center number, description/code account number, funding source, funding source vendor ID and more.

Reconciliation Reports also indicate total amount to be paid for a particular payer.

## Denied Claim Report

Displays claim ID, queue date, and total amount for the list of denied 837 Professional and Institutional claims.

## Billing Summary Report

Enables ad-hoc reporting by selecting output columns from a range of options including service provider's name, agency name, begin and end date, billable/non-billable units, unit rate, funding source, authorization number, service description/code, claim ID and more.

## Aging Report

View claim age based on claim create date, queued date, sent date or service date, by setting an aging date and claim information, by selecting output columns from a

range of options including claim status, program cost center number, total amount, paid amount and more.

## Utilization Report

Tracks service units utilized and remaining over a period of time. It can further chart percentages of total utilization and remaining service units, and provide a view into remaining days, expiration status, and unit costs. This report can be generated monthly or annually.

## Attendance Summary

View summarized information on individual's attendance and customize columns according to your preference for attendance type, attendance data form ID, and billable time slot among other fields.

## Unclaimed Report

Displays month, service code and description, program and site, individual names and billing data count for service which have been generated for billing but have not been attached to a claim. This report can be generated monthly or half-yearly.

|                      |              |  |                   |            |            |                |               |                  |                  |              |                 |   |
|----------------------|--------------|--|-------------------|------------|------------|----------------|---------------|------------------|------------------|--------------|-----------------|---|
| Program (Site):      |              | 1st Street Group Home (Group Home)                 |                   |            |            |                |               |                  |                  |              |                 |   |
| Service Date From:   |              | 01/01/2016   |                   |            |            |                |               |                  |                  |              |                 |   |
| Service Date To:     |              | 12/20/2016   |                   |            |            |                |               |                  |                  |              |                 |   |
| Service Description: |              | Adult Day Habilitation - Facility Based/ S5102     |                   |            |            |                |               |                  |                  |              |                 |   |
| Individual Name      | Medicaid No. | Authorization ID                                   | Prior Auth Number | Begin Date | End Date   | Remaining Days | Expire Status | Total Auth Units | Total Used Units | Total Amount | Utilization (%) | Current Remaining Units of this Service |
| Smith, Jacob         |              | SA-DEMO-EDF4WCRZ6FZ87                              |                   | 01/01/2015 | 03/25/2016 | 291            | Active        | 1000             | 16               | 128          | 1.6             | 984                                     |
|                      |              |  |                   |            |            |                |               |                  | 16.00            | 128.00       |                 |   |
| Service Description: |              | Supported Employment-Job Training/ H2023           |                   |            |            |                |               |                  |                  |              |                 |   |
| Individual Name      | Medicaid No. | Authorization ID                                   | Prior Auth Number | Begin Date | End Date   | Remaining Days | Expire Status | Total Auth Units | Total Used Units | Total Amount | Utilization (%) | Current Remaining Units of this Service |
| Smith, Jacob         |              | SA-DEMO-E5H2VNUKUZGD8V                             |                   | 01/01/2013 | 03/25/2016 | 291            | Active        | 800              | 9.5              | 95           | 1.19            | 790.5                                   |
|                      |              |  |                   |            |            |                |               |                  | 9.50             | 95.00        |                 |   |
| Service Description: |              | WORK SUPPORT (supported employment) (Maine)/ H2023 |                   |            |            |                |               |                  |                  |              |                 |   |
| Individual Name      | Medicaid No. | Authorization ID                                   | Prior Auth Number | Begin Date | End Date   | Remaining Days | Expire Status | Total Auth Units | Total Used Units | Total Amount | Utilization (%) | Current Remaining Units of this Service |
|                      |              | SA-DEMO-SD8Q                                       |                   | 01/01/2014 | 01/30/2016 | 291            | Active        | 1200             | 302.5            | 3630         | 25.21           | 897.5                                   |
|                      |              |  |                   |            |            |                |               |                  | 302.50           | 3630.00      |                 |   |

Utilization Report



# Electronic Billing for Intellectual and Developmental Disability Services

## Billing Workflow

This is an overview of how the billing process works with role based access control in Therap. The process can be configured based on your company's need.

- Finance
- Provider Administrator



**Provider Administrator or Finance** staff can set up administrative features like Funding Source, Description Code, and Billing Provider.

- DSPs
- Managers
- Supervisors



**Direct Support staff** can enter service delivery information, **House Managers or Supervisors** can approve and generate billing units.

- Finance



**Billing office or Finance staff** can create claims from the billing units and submit to the payer. Payments can be posted once 835 ERA is received from the payer.

- Finance



**Billing office or Finance staff** can have full control over the Service Authorizations.



## Reports

- Utilization Report
- Reconciliation Report
- Aging Report
- Denied Claim Report

- Finance
- Executives
- Quality Assurance



Therap provides numerous reports for Finance staff, Executives and Quality Assurance at different stages of the billing process.



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