



Electronic Billing for Intellectual & Developmental Disabilities 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 and ISP
- ✓ **Supporting Documentation for Each Billing Unit**
Never have to worry about audits or missing units

**ICD-10
Compliant**

Individual Name	1 Tue	2 Wed	3 Thu	4 Fri	5 Sat	6 Sun
Active, Mary	P	P	P	P	P	P
Baker, Ella	P	P	P	P	P	P
Smith, John	P	P	P	P	P	P
Young, Ella	P	P	P	P	P	P
Young, Alex	P	P	P	P	P	P

Manage Claim Lifecycle

Manage claim lifecycle 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

Automated Submission

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

Payment Posting

Automatic posting of payments from 835 ERA

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

Document Storage

**HIPAA
Compliant**

TMS



EHR

ORACLE

**Gold
Partner**

GER



T-Log

Billing

T-Log

Personal Finance

ISP
Data

About Therap

Therap is the industry leader in providing electronic records and documentation in long-term care services for people with Intellectual and Developmental Disabilities. Therap is a web-based application suite that was designed to provide a comprehensive solution for the planning, documentation, reporting, communication and billing needs of organizations supporting people with Intellectual and Developmental Disabilities in home and community-based services (HCBS) and other 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 states, administrators, health care professionals, case managers, quality assurance teams and families becomes seamless.

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.

Therap Applications

- **Individual Support**
 - Diagnoses
 - Support Plans
 - ISP Templates
 - Goal Tracking
 - Daily Notes
 - Demographic Information
 - Incident Reports
- **Electronic Health Records**
 - Health Assessments
 - Nursing Notes
 - MAR & Medication History
 - Vital Signs, Infections & Lab Tests
 - Health Care Reports
 - Appointments
- **Secure Communications**
- **Training Management System**
- **Personal Finance**
- **Billing**
- **Document Storage**
- **Case Management**
- **Individual Home Page**
- **Employment History**

ISP Data



- Remotely Collect Service Data
- Verify Visits Using GPS Location
- Collect Signatures to Verify Service Delivery
- Progress Towards Valued Outcomes
- Specify Duration of Contact

Mobile MAR



- Daily View
- Shared Contacts
- First DataBank Reference
- Drug Images
- Administer & Record Scheduled & PRN Medications
- Reduced Medication Errors

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 ISP and Attendance
- 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 Xerox, HP, CSC
- ✓ Direct Electronic Claim Submission to payers
- ✓ Claim Submission through Clearing House
- ✓ 5010 Compliant
- ✓ ICD-10 Compliant

Profile:	Initial
Module:	Search

To Do	Attendance
Individual	Attendance New Search Summary Archive
Health	Professional Claim
Agency	Billing Data New Search Summary Detail Report ISP 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 Upload Search
	Institutional Claim
	New Search Summary

Billing	
Funding Source	New List
Description/Code	New List
Cost Center Type	New List
Attendance Type	New List
Leave Rule	New List
Taxonomy Code	New List
Billing Provider	New List
Custom PDF Invoice	New List
CMS-1500 Print Calibration	New List
Professional Template Group	New List
Carrier	New List
Policy Holder	New Search

Billing Dashboard with Role based Access Control



Service Authorization

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

- Track total authorized units
- Select data collection method as ISP, Attendance or direct Billing unit entry
 - Select Attendance type for Attendance data source
 - Select ISP Program for ISP data source
- Determine unit calculation algorithm- quarter hourly, hourly, etc. with rounding option
- Select maximum units per day/week/month and select option to create non-billable units when maximum limit exceeds
- Track rate change history by entering rate for date ranges
 - For Service Authorization expiration
 - For Service Authorization with low remaining units
- Copy Service Authorization to create a new one with existing information
- Option for both ICD-9 and ICD-10 diagnosis code

The screenshot shows the 'Service' form in Therap's software. It includes fields for Service Description/Code, Unit of Measure, Total Billable Units, Default Unit Rate, Service Dates, Total Authorized Amount, Patient Responsibility Amount, Tax Rate, Procedure Modifiers, Primary Diagnosis Code, and Billing Provider information. It also has sections for Automatic Unit Calculation and Authorized Units Per Period.

Service Form of Service Authorization

Administrative Features

The following administrative setup is done by the provider administrator:

- Funding Source
 - Medicaid, Medicare, MCOs, other private payers
- Description Code
 - Day Supports, Residential Habilitation Respite, etc.
- Billing Provider
 - Rendering Provider, Referring Provider
- Revenue Code
- Taxonomy Code
- Claim Templates

The screenshot shows the 'Funding Source' and 'Billing Provider' forms in Therap's software. The 'Funding Source' form includes fields for Name, Funding Provider Number, Vendor ID, Street 1, Street 2, City, State, ZIP, County, Contact Information, Title, First Name, Phone, Fax, and Electronic Billing. The 'Billing Provider' form includes fields for Name, Entity Type, Organization Name, First Name, Last Name, Middle Name, Identification Information, ID Type, ID Number, Medicaid Provider Number, NPI Number, Provider Commercial Number, Additional Provider Number, Taxonomy Code List, Demonstration Project Identifier, and Provider Address.

Administrative Setup of Funding Source and Billing Provider

Electronic Claims Professional and Institutional

- Therap's Billing system offers both Professional and Institutional claims
- 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
- 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 lifecycle is tracked by various claim status that makes it easier for users to handle rejected and denial claims, submit voids and replacements, etc
- 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 Claim form 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
- The claims for private payers can be tracked manually and invoices can be generated in PDF format

Professional Claim
Form ID: CLP-000000-040000100000
Status: Draft
Created By: William Stepp, Program Director
Create Date: Wed, 7 Aug 2013 01:09:47 PM

Claim Information

Payer: State Medicaid
Billing Provider: Healthcare Support Co (RN: 12-3456789, NPI Number: 0487654321)
Pay to Provider: Healthcare Support Co (RN: 12-3456789, NPI Number: 0487654321)
Rendering Provider: Healthcare Support Co (RN: 12-3456789, NPI Number: 0487654321)
Referring Provider: Select
Service Facility Location: Select
Individual Name: Taylor, Amy
Individual ID: 12345
Signature On File: Yes
Place Of Service: 99-Other Unltd Facility
Claim Frequency Type Code: 1-Original (Add this Discharge Claim)
Original TCM/ICN Number: [Original TCM/ICN Number List]
Medicare Assignment Code: C-Not Assigned
Release of Information Code: Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing
Patient Signature Source Code: R-Signature generated by Provider because the Patient was not Physically Present
Claim Filing Indicator: Medicaid
Assignment of Benefits Indicator: No
Special Program Code: 05-Special Federal Funding
Primary Diagnosis Code: ICD-9: 7199
Delivery Reason Code: Select
Prior Authorization Number: [Prior Authorization Number List]

Service Lines

Delete	Billing Data ID	Date of Service	Service Code	Service Description	Procedure	Unit Rate	Billable Units	Unit of Measure	Amount Billed	Paid
<input type="checkbox"/>	1	06/01/2013	12031	Day hab PR Tier 3	U5-TF-HQ	\$7.00	32	Quarter Hour	\$224.00	
<input type="checkbox"/>	2	06/02/2013	12031	Day hab PR Tier 3	U5-TF-HQ	\$7.00	23	Quarter Hour	\$161.00	
<input type="checkbox"/>	3	06/04/2013	12031	Day hab PR Tier 3	U5-TF-HQ	\$7.00	34	Quarter Hour	\$238.00	

Total Claim Amount (\$): 476.00
Patient Responsibility Amount (\$): 0.00

Professional Claim form with Service Lines

Billing Reports

Therap's Billing system provides numerous reports at different stages of the billing process. The reports are targeted for Billing Office and Quality Assurance.

The most useful reports are listed below:

- Utilization Report
- Aging Report
- Reconciliation Report
- Denied Claim report
- Unclaimed Report

Yearly Utilization Report

Program (Site): Pre Voc & Supported Employment Services (Pre-Voc & Supported Employment)
Service Date From: 1/1/2013
Service Date To: 3/15/2013

Service Description: Adult Day Habilitation - Facility Based/ S5102

Individual Name	Medical ID	Authorization ID	Prior Auth Number	Begin Date	End Date	Remaining Days	Expire Status	Unit Cost	Total Auth Units	Total Used Units	Total Amount	Remaining Units	Utilization (%)
Jones, Sydney		SA0EMODC-A4H3LTAC93		1/1/2013	12/31/2013	291	Active	8	2000	16	128	1984	0.8
										16.00	128.00		

Service Description: Supported Employment-Job Training/ H2023

Individual Name	Medical ID	Authorization ID	Prior Auth Number	Begin Date	End Date	Remaining Days	Expire Status	Unit Cost	Total Auth Units	Total Used Units	Total Amount	Remaining Units	Utilization (%)
Jones, Sydney		SA0EMODC-85Y3G5JPCP		1/1/2013	12/31/2013	291	Active	10	800	9.5	95	790.5	1.18
										9.50	95.00		

Service Description: WORK SUPPORT (supported employment) (Maine)/ H2023

Individual Name	Medical ID	Authorization ID	Prior Auth Number	Begin Date	End Date	Remaining Days	Expire Status	Unit Cost	Total Auth Units	Total Used Units	Total Amount	Remaining Units	Utilization (%)
Jones, Sydney		SA0EMODC-CL3LYA		9/30/2011	12/31/2013	291	Active	12	1200	302.5	3630	897.5	0.74
										302.50	3630.00		

Yearly Utilization Report

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, etc. as defined in Attendance Type
 - Based on duration from Time in/out: Quarter Hourly, Hourly, etc.
- Monthly 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, etc.

Attendance Record Statistics Report
 Kansas Medicaid Assistance Program
 P.O. Box 3571
 Topeka, KS, 66601-3571

Program(Site) Roxbury Day Habitation(Roxbury Center)
 Service Description(Code) Day Habilitation(T201)
 Month Jul, 2013
 Service Date From 7/1/2013
 Service Date To 7/31/2013

Individual Name	Attendance Options				Total
	P	A	NS	C	
Madison White	22	0	1	0	23
Jayden Harris	20	2	1	0	23
Abigail Martin	22	0	0	1	23
Elijah Johnson	19	0	2	0	21
Taylor Williams	22	1	0	0	23
Total	64	2	2	1	113

Attendance Options
 P: Present
 A: Absent
 NS: Not Scheduled
 C: Closed

Attendance Statistics Report

Four easy steps to enter Attendance

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 a header for 'August, 2013'. It includes tabs for 'Input', 'Update', 'Approve', and 'Generate Billing Data'. The 'Input' tab is active, showing a form for 'Attendance Options' with a dropdown set to 'Present'. Below this is a grid for selecting individuals and their attendance for each day of the week (1 Sun, 2 Mon, 3 Tue, 4 Wed, 5 Thu, 6 Fri, 7 Sat). The grid shows names like 'Action, Mary', 'Baker, Ella', 'Smith, John', 'Young, Ella', and 'Taylor, Ava' with corresponding attendance options (P, A, NS, C) and unit counts. At the bottom, there are 'Back', 'Cancel', and 'Submit New' buttons.

Attendance Screen

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 by Grid and Non-Grid methods. 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. The introduction of **ISP Data Android App** allows users to collect service notes while ensuring visit verification with GPS location. Features include voice to text, image attachment, and digital signature are available.

ISP Programs are used to design and document teaching programs that track training goals and objectives of an 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.

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 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.





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



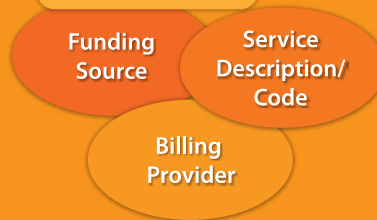
Direct Support staff can enter service delivery information, House Managers or Supervisors can approve and generate billing units.

Finance

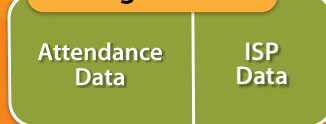


Billing office or Finance staff can create claims from the billing units and submit to the payer. Payments can be posted once 835 ERA is received from the payer.

Billing Setup



Billing Records



Claims



837 Claim Submit



835 ERA Posting

Medicaid

Finance



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

Service Authorization



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.