Billing Process Notes (NH, AL, IL, OP)

Basic Guidelines

Charting

This will be done throughout the month as changes occur. There may be different staff/departments responsible for some of the charting.

- Face sheet status changes
- Ancillaries – run the ancillary documented reports to verify entries
- Recurring ancillaries – chart the start date for any new admissions or any changes during the month

Cash and Adjustments

Cash and Adjustments will be posted throughout the month as needed.

- Daily cash – run reports to balance each day
- Adjustments – run the daily adjustment reports to review adjustments

Therapy

Whether imported or charted, it is recommended that someone run the AR Therapy Units calendar to be sure the therapy charting is in place before starting your billing. If you receive therapy logs from your therapy department, you can also compare the total units to make sure that everything is charted that they provided during the month.

Balance Calendars

Please refer to the instructions section further on for a detailed explanation.

- Daily census – balanced daily
- Each Payer Source Requirements Calendar – balanced at month end
- Recurring Charges Calendar – balanced at month end

Calculating the Payer Sources

You will calculate and post each payer source. Please refer to the instructions section further on for a detailed explanation.

Print/Save Reports

You will want to print or save the Billing Summary reports for each payer source to keep for your month end records. These reports will be previewed automatically after each payer source is posted. The Billing Summary reports can be printed, saved as PDF, and/or exported to Excel. It is our recommendation that you save a copy in a month end folder on your network.

Print Self Pay Bills

You will run the Self Pay bills posting the Self Pay charges and confirming everything has been posted correctly. It is recommended that you print a copy to be mailed to residents and/or their families and save a copy of the batch as a PDF in your month end folder on your network. You do no have to do this however as the Self Pay Bills can always be generated again, if needed.

Process UB04's

Process and review the UB04's for each payer source. Once they are all in complete status, you can create a batch file to submit electronically. If you do not submit electronically, you can print them. You have the option to print with or without the form lines, depending on if you have the red UB04 forms or not.

Calculating Trust Account

You will calculate and post the Trust Account each month as well as one time at the end of each quarter (if you do quarterly statements). Please refer to the instructions section further on for a detailed explanation.

Print Trust Account Statements

You will have the capabilities to run the monthly statements or quarterly statements depending on your facility requirements.

Balance Month End Using Journals and Aging

You will run the journals and tie them to the aging. Please see the area for month end tie out below for further details.

Close Month

Once everything has been billed out and is in balance, you will lock the period.
1. Click the Lock Periods button from the Main Menu>Month End (or American Data-ECS>Setup>Financial>General Ledger>Lock Periods).
2. Select the appropriate Site and Service from the drop down list.
3. Click on the month you are locking and click the **Closed** button. It will change from Open to Closed.
4. Click **Save/Close** to exit the screen or **Save** to stay on the screen if you need to lock another Site/Service.
5. Once you have locked all Site/Services you wish to, click **Cancel** to exit the screen.

Instructions for Month End:

Calendars to Run Each Month for Balancing

Before calculating any of the billing at the beginning of the month, there are calendar tasks that need to be run and balanced. This will help you ensure that the billing is all in balance and you are capturing all billable dollars. These tasks should all have the same numbers in the totals area or balance out. Please refer to the individual Calendars portion below for a more detailed description of what needs to appear on each task.

Charting Instructions by Payer Source/Calendar Requirement Info

Below are the requirements for each calendar task that are needed to balance out for that payer source. Please refer to them when balancing out for the month and the totals are not correct.

Daily Census

You will need to run the Daily Census calendar tasks for the month you are post billing (last month), as well as for the month you are pre-billing (current month).

- Must have an Occupancy Status charted. Note: You will need to add together the billable and non-billable occupancy status in order to tie out to the other totals.
- Must have a Primary Payer Source charted.
- Must have a Room charted.

Self Pay

You will need to run the requirements calendar tasks for the month you are post billing (last month), as well as for the month you are pre-billing (current month), to figure out the billable days.

- Must have a billable Occupancy Status charted.
- Must have Private Pay charted as the Primary Payer Source.
- Must have a Room charted.
- Must have a Financial Contact charted so the statement has an address to mail to.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with the Co-Pay source.

Hospice Self Pay

You will need to run the requirements calendar tasks for the month you are post billing (last month), as well as for the month you are pre-billing (current month), to figure out the billable days.

- Must have a billable Occupancy Status charted.
- Must have Hospice Private Pay charted as the Primary Payer Source.
- Must have a Room charted.
- Must have a Financial Contact charted so the statement has an address to mail to.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with the Co-Pay source.

Medicaid

- Must have Medicaid charted as the Primary Payer Source.
- Must have an Occupancy Status charted.
- Must have a Room charted.
- Chart the Liability amount – should be the effective date they start the Medicaid stay or sometimes it will be the first of the following month. If they become Medicaid mid-month and have a partial liability, chart that partial amount with the effective date of the Medicaid stay and then also chart the full amount for the 1st of the following month. Note: You will also have to split the liability if they leave during the month and have not used the full liability in the first part of the stay.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with the Co-Pay source.
- If applicable: MC and OI Status needs to be charted in the WI Medicaid Billing Info folder.

Hospice Medicaid

- Must have Hospice Medicaid charted as the Primary Payer Source.
- Must have an Occupancy Status charted.
- Must have a Room charted.
- Chart the Liability amount – should be the effective date they start the Hospice Medicaid stay or sometimes it will be the first of the following month. If they become Hospice Medicaid mid-month and have a partial liability, chart that partial amount with the effective date of the Hospice Medicaid stay and then also chart the full amount for the 1st of the following month. Note: You will also have to split the liability if they leave during the month and have not used the full liability in the first part of the stay.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with the Co-Pay source.

Medicaid MCO

- Must have Medicaid MCO charted as the Primary Payer Source.
- Must have an Occupancy Status charted.
- Must have a Room charted.
- Must have the Medicaid MCO Level of Service charted – this is what rate to bill based on (Self Pay Rate, Medicaid MCO Daily Rate, Federal RUG Rate, State RUG Rate or Levels).
- Must have the Medicaid MCO Payer Name and Number charted in the NH Status screen.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with Co-Pay source.
- If applicable: If therapy will be paid above and beyond the room receivable, chart the appropriate therapy billable word(s) with a start date (same effective date as the Medicaid MCO primary payer source).

- Chart the Liability amount – should be the effective date they start the Medicaid stay or sometimes it will be the first of the following month. If they become Medicaid mid-month and have a partial liability, chart that partial amount with the effective date of the Medicaid stay and then also chart the full amount for the 1st of the following month. Note: You will also have to split the liability if they leave during the month and have not used the full liability in the first part of the stay.

Medicare (A)

- Must have Medicare (A) charted as the Primary Payer Source.
- Must have an Occupancy Status of In-house charted or Non-Covered Days if the resident has gone out on bed hold/leave and those days must be reported on the Medicare (A) claim.
- Must have a Room charted.
- Available Medicare Days 1-20 and 21-100 must be charted. If the resident does not have Available Medicare Days 1-20 do not chart a 0, just chart the Available Medicare Days 21-100. If the resident is discharged, make sure that any Available Medicare Days charted with an effective date after the discharge date are archived.
- Must have a Co-Pay source charted – this must have an effective date the same as Medicare (A). This will ensure that the requirements calendar group totals balance out.
- There must be PDPM HIPPS Codes for the resident. The PDPM HIPPS Codes will appear on your Medicare (A) Requirements calendar report. You should also be reviewing your PDPM Analyzer to ensure there are PDPM HIPPS for all residents/all Medicare (A) days.
- May have a Qualifying Hospital Stay charted (start and end date).
- If applicable: If the resident has an Insurance Co-Pay, you must have an insurance company charted in the Insurance Profile Folder.
- If applicable: If the resident has Medicaid Co-Pay, the Liability should be entered as well.

Medicare Advantage (A)

- Must have Medicare Advantage (A) charted as the Primary Payer Source.
- Must have an Occupancy Status of In-house charted or Non-Covered Days if the resident has gone out to the hospital or leave and those days must be reports on the Medicare Advantage (A) claim.
- Must have a Room charted.
- Must have the Advantage Full Days and/or Advantage Co-Pay Days charted. If they are all full days, you would only chart Advantage Full Days or if they are all co-pay days then you would only chart Advantage Co-Pay Days. Just like Medicare (A), do not chart 0 if they have no available days left.
- Must have the Advantage (A) Level of Service charted – this is what rate to bill based on (Self Pay Rate, Negotiated Rate, Federal RUG Rate, PDPM HIPPS Codes, or Levels).

- Must have a Co-Pay source charted – this must have an effective date the same as Medicare Advantage (A). This will ensure that the requirements calendar group totals balance out.
- If applicable: Chart the Advantage Co-pay Rate (daily) or Advantage Co-pay Rate (%) if there are co-pay days. This will tell the system what daily rate or what percentage of the total charges the Co-Pay should be billed.
- There must be PDPM HIPPS Codes for the resident if the contract for the resident reimburses based on PDPM HIPPS Codes. The PDPM HIPPS Codes will appear on your Medicare Advantage (A) Requirements calendar report. You should also be reviewing your PDPM Analyzer to ensure there are PDPM HIPPS for all residents reimbursed based on PDPM HIPPS Codes/all Medicare Advantage (A) days.
- Chart the Insurance Company name in the Insurance Profile folder to start the day Medicare Advantage (A) starts.
- If applicable: If the resident has a Medicaid Co-Pay, the Liability should be entered as well.

Insurance

- Must have Insurance charted as the Primary Payer Source.
- Must have an Occupancy Status charted.
- Must have a Room charted.
- Must have the Insurance Full Days and/or Insurance Co-Pay Days charted. If they are all full days, you would only chart the Insurance Full Days or if they are all co-pay days, you would only chart the Insurance Co-Pay Days. Just like Medicare and Advantage (A), do not chart 0 if they have no available days left.
- Must have an Insurance Level of Service charted – this is what rate to bill based on (Self Pay Rate, Insurance Daily Rate, Bill Based on Federal RUG, Bill Based on State RUG or Levels 1-4).
- Must have a Co-Pay source charted – this must have an effective date the same as Insurance. This will ensure that the requirements calendar group totals balance out.
- If applicable: Chart the Insurance Co-Pay Rate (Daily, Set Percentage or No Co-Pay). This will tell the system what daily rate or percentage of the total charges the Co-Pay should be billed.
- Must have an Insurance Company charted under the Insurance Profile folder to start the day Insurance starts.
- If applicable: If ancillaries will be paid above and beyond the room receivable, chart the appropriate ancillary billable word(s) with a start date (same effective date as the Insurance primary payer source).

Managed Care

- Must have Managed Care charted as the Primary Payer Source.
- Must have an Occupancy Status of In-house charted.
- Must have a Room charted.
- Must have the Managed Care Full Days and/or Managed Care Co-Pay Days charted. If they are all full days, you would only chart the Managed Care Full Days or if they are all co-pay days, you would only chart the Managed Care Co-Pay Days. Just like Medicare (A), Advantage (A) and Insurance, do not chart 0 if they have no available days left.
- Must have a Managed Care Level of Service charted – this is what rate to bill based on (Negotiated Rate, Federal RUG Rate or Levels 1-4).
- Must have a Co-Pay source charted – this must have an effective date the same as Managed Care. This will ensure that the requirements calendar group totals balance out.
- If applicable: Chart the Managed Care Co-Pay Rate (Daily, Set Percentage or No Co-Pay). This will tell the system what daily rate or percentage of the total charges the Co-Pay should be billed.
- If applicable: If ancillaries will be paid above and beyond the room receivable, chart the appropriate ancillary Billable word(s) with a start date (same effective date as the Managed Care primary payer source).

VA

- Must have VA charted as the Primary Payer Source.
- Must have an Occupancy Status charted.
- Must have a Room charted.
- If applicable: Medicare (B), Medicare Advantage (B) or Insurance (B) with Co-Pay source.

Medicare (B)

- Must have Medicare (B) Coverage charted.
- Must have an Occupancy Status charted.
- Must have a Primary Payment Source charted (cannot be Medicare A).
- Must have a Co-Pay source charted starting the day they started Medicare (B) coverage.
- Must have Onset and Start of Care dates charted in the therapy folders.
- Must have the Medical and Treatment Diagnosis charted in the therapy folders.
- If Applicable: Must have an insurance company charted in the Insurance Profile folder if they have an Insurance Co-Pay.

Medicare Advantage (B)

- Must have Medicare Advantage (B) charted.
- Must have an Occupancy Status charted.
- Must have a Primary Payer Source charted (cannot be Advantage A).
- Must have a Co-Pay Source charted.
- Must have the Co-Pay Rate option charted – Daily Rate, Percentage or No Co-Pay.
- Must have a Medicare Advantage (B) Rate charted – Medicare (B) Fee Schedule, Medicare (B) Fee with mark-up, Daily Rate per Eval/Tx or Per Unit Rate. If Daily Rate per Eval/Tx or Per Unit Rate, you will also have to enter in those dollar amounts.
- Must have an Insurance Company charted in the Insurance Profile folder.
- Must have Onset and Start of Care dates charted in the therapy folder.
- Must have the Medical and Treatment Diagnosis charted in the therapy folders.

Insurance (B)

- Must have Insurance (B) charted.
- Must have an Occupancy Status charted.
- Must have a Primary Payer Source charted (cannot be Medicare A or Medicare Advantage A).
- Must have a Co-Pay Source charted.
- Must have an Insurance Company charted in the Insurance Profile folder.
- Must have Onset and Start of Care dates charted in the therapy folders (if required by the Insurance Company).
- Must have the Medical and Treatment Diagnosis charted in the therapy folders.

AL Daily Census

- Must have an Occupancy Status charted.
- Must have a Primary Payer Source charted.
- Must have a Room Type or 2nd Resident Fee charted.
- Must have an Apartment charted.

AL Private Pay

- Must have AL Private Pay charted as the Primary Payer Source.
- Must have an Occupancy Status of In-House charted.
- Must have a Room Type or 2nd Resident Fee charted.
- Must have an Apartment charted.

AL Medicaid MCO

- Must have AL Medicaid MCO charted as the Primary Payer Source.
- Must have an Occupancy Status of In-House charted.
- Must have a Room Type charted.
- Must have an Apartment charted.
- Must have the Care Amount charted.

IL Daily Census

- Must have IL Private Pay charted as the Primary Payer Source.
- Must have an Occupancy Status of In-House charted.
- Must have a Room Type or 2nd Resident Fee charted.
- Must have an Apartment charted.

Outpatient

- Must have an Admit Date.
- Must have an Occupancy Status of Outpatient charted.
- Must have a Primary Payment Source charted – Private Pay, Medicaid, Medicare (B), Advantage (B), Insurance or Medicaid MCO.
- Must have a Co-Payment Source – Private Pay, Medicaid, Insurance, or Medicaid MCO.
- Must have an Insurance Company charted in Insurance Profile folder if they have an Insurance Co-Pay, Insurance as the primary payer or Medicare Advantage (B) as the primary payer.
- Must have Onset and Start of Care dates charted in the therapy folders.
- Must have the Medical and Treatment Diagnosis charted in the therapy folders.
- If applicable: Chart the Advantage B Rates – Medicare (B) Fee Schedule, Medicare B Fee with mark-up, Daily Rate per Eval/Tx or Per Unit Rate. You will also need to indicate the mark-up amount, Daily Rate per Eval/Tx amount or Per Unit Rate amount as well.
- If applicable: Chart the Medicare Advantage (B) Co-Pay Rate (Set percent of fees, Daily co-pay amount, or No Co-Pay).

Beginning of the Month – Getting Ready to Bill

Before you can run your billing, these are the steps that you need to take.

- Run the Daily Census Calendar tasks for the Nursing Home, AL and IL and make sure all the totals are in balance. If not, please review the information and balance them.
- Make sure you have all of the information that needs to be entered into the system in the Ancillary Charges area.
- Receipt in any payments and make any adjustments. If there are any payments or adjustments that you would like to show up/reflect on the Private Pay statement, you must post those payments **before** running Private Pay billing. Otherwise, they will not be picked up until the next statement cycle.

Billing Order

Whatever order you select, we advise you do the same every single month. If you don't have a set order, you could follow this order when running your billing payer sources:

1. Private Pay
2. Medicaid
3. Hospice Medicaid
4. Medicaid MCO
5. Medicare A
6. Medicare Advantage A
7. Insurance
8. Managed Care
9. VA
10. Medicare B
11. Medicare Advantage B
12. Insurance B
13. AL Private Pay
14. AL Medicaid MCO
15. IL Private Pay
16. Outpatient
17. Trust Account

Self Pay

These are run on all Active, Inactive, and Hold residents in the nursing home.

- ☐ Run the Self Pay Requirements calendars for Last Month and Current Month to verify they are in balance and match the number of billable days on the Daily Census in the subtotal section.
- ☐ Run the calculations for Self Pay on everyone. All the calculations will be put on hold.
- ☐ The Self Pay Billing Summary Held will automatically run. On the last page, the Revenues should always equal the Receivables. This is how you know the billing for Private Pay is in balance.
- ☐ The Post Bill and Pre Bill days must match the Self Pay Requirements calendar days.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ When finished posting, run and print the Self Pay Billing Summary (transaction date) and make sure your date is set to the day you just posted the calculations, that is the 'transaction date".
- ☐ Run and print your Self Pay Statements.

Hospice Self Pay

- ☐ Run the Hospice Self Pay Requirements calendars for Last Month and Current Month to verify they are in balance and match the number of billable days on the Daily Census in the subtotal section.
- ☐ Run the calculations for Hospice Self Pay. All the calculations will be put on hold.
- ☐ The Hospice Self Pay Billing Summary Held will automatically run. On the last page, the Revenues should always equal the Receivables. This is how you know the billing for Hospice Self Pay is in balance.
- ☐ The Post Bill and Pre Bill days must match the Hospice Self Pay Requirements calendar days.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ When finished posting, run and print the Hospice Self Pay Billing Summary (transaction date) and make sure your date is set to the day you just posted the calculations, that is the 'transaction date".
- ☐ Run and print your Hospice Self Pay Statements.

Medicaid

- ☐ Run the Medicaid Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotal section.
- ☐ Run the calculations for Medicaid. All of the calculations will be put on hold.
- ☐ The Medicaid Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Liability, minus Contractual equals 0. This is how you know the billing is in balance. There typically won't be therapy showing up on this report, but if there is then double check that the resident doesn't have Med B coverage.
- ☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.
- ☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.
- ☐ The Medicaid Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Medicaid.
- ☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Hospice Medicaid

- ☐ Run the Hospice Medicaid Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotal section.
- ☐ Run the calculations for Hospice Medicaid. All of the calculation will be put on hold.
- ☐ The Hospice Medicaid Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Liability, minus Contractual equals 0. This is how you know the billing is in balance. There typically won't be any therapy showing up on this report, but if there is then double check that the resident doesn't have Med B coverage.
- ☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.
- ☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.
- ☐ The Hospice Medicaid Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.
- ☐ After you have the billing completed, you will run the Hospice Medicaid Statements.

Medicaid MCO

☐ Run the Medicaid MCO Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotals section.

☐ Run the calculations for Medicaid MCO. All of the calculations will be put on hold.

☐ The Medicaid MCO Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Contractual equals 0. This is how you know the billing is in balance.

☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.

☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.

☐ The Medicaid MCO Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.

☐ After you have the billing completed, run the UB04's for Medicaid MCO. This information can be used to enter into the Excel Form that will be sent to Medicaid MCO.

Medicare (A)

☐ Run the Medicare A Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotals section.

☐ Run the calculations for Medicare A. All of the calculations will be put on hold.

☐ The Medicare A Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-pays, minus Contractual equals 0. This is how you know the billing is in balance.

☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.

☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.

☐ The Medicare A Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.

☐ After you have the billing completed, run the UB04's for Medicare A.

☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Medicare Advantage (A)

- ☐ Run the Medicare Advantage A Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotals section.
- ☐ Run the calculations for Medicare Advantage A. All of the calculations will be put on hold.
- ☐ The Medicare Advantage A Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-pays, minus Contractual equals 0. This is how you know the billing is in balance.
- ☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.
- ☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.
- ☐ The Medicare Advantage A Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Medicare Advantage A.
- ☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Insurance

- ☐ Run the Insurance Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotals section.
- ☐ Run the calculations for Insurance. All of the calculations will be put on hold.
- ☐ The Insurance Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Contractual equals 0. This is how you know the billing is in balance.
- ☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.
- ☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.
- ☐ The Insurance Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Insurance.
- ☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

VA

☐ Run the VA Requirements calendar for Last Month and verify it is in balance and matches the number of billable days on the Daily Census in the subtotals section.

☐ Run the calculations for VA. All of the calculations will be put on hold.

☐ The VA Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Contractual equals 0. This is how you know the billing is in balance.

☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.

☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.

☐ The VA Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.

☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Medicare (B)

☐ Run the Medicare B Requirements calendar for Last Month and verify it is in balance.

☐ Run the calculations for Medicare B. All of the calculations will be put on hold.

☐ The Medicare B Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-Pays, minus Contractual equals 0. This is how you will know the billing is in balance.

☐ Once you have verified that the billing is in balance, you can Post All.

☐ The Medicare B Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance. Print this for your records.

☐ After you have the billing completed, run the UB04's for Medicare B.

☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Medicare Advantage (B)

- ☐ Run the Medicare Advantage B Requirements calendar for Last Month and verify it is in balance.
- ☐ Run the calculations for Medicare Advantage B. All of the calculations will be put on hold.
- ☐ The Medicare Advantage B Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-Pays, minus Contractual equals 0. This is how you will know the billing is in balance.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ The Medicare Advantage B Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Medicare Advantage B.
- ☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

Insurance (B)

- ☐ Run the Insurance B Requirements calendar for Last Month and verify it is in balance.
- ☐ Run the calculations for Insurance B. All of the calculations will be put on hold.
- ☐ The Insurance B Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-Pays, minus Contractual equals 0. This is how you will know the billing is in balance.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ The Insurance B Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Insurance B.
- ☐ Create an electronic batch if you will be uploading this and sending electronically or print if you will be mailing the forms in.

AL Private Pay

- ☐ Run the AL Private Pay Requirements calendars for Last Month and Current Month to verify they are in balance and match the number of billable days on the Daily Census subtotal section.
- ☐ Run the calculations for AL Private Pay on everyone. All the calculations will be put on hold.
- ☐ The AL Private Pay Billing Summary Held will automatically run. On the last page, the Revenues should always equal the Receivables. This is how you know the billing for AL Private Pay is in balance.
- ☐ The Post Bill and Pre Bill days must match the AL Private Pay Requirements calendar days.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ When finished posting, run and print the AL Private Pay Billing Summary (transaction date) and make sure your date is set to the day you just posted the calculations, that is the 'transaction date".
- ☐ Now you are ready to run and print your AL Private Pay Statements.

AL Family Care

- ☐ Run the AL Family Care Requirements calendar for Last month and verify it is in balance and matches the number of billable days on the AL Daily Census in the subtotals section.
- ☐ Run the calculations for AL Family Care. All of the calculations will be put on hold.
- ☐ The AL Family Care Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus Contractual equals 0. This is how you will know that the billing is in balance.
- ☐ Review the report to ensure the number of billable days ties to the requirements calendar/Daily Census.
- ☐ Once you have verified that the billing is in balance and the number of billable days matches, you can Post All.
- ☐ The AL Family Care Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance and the number of billable days ties to the Daily Census. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for AL Family Care. This information can be used to enter into the Excel Form that will be sent to Family Care.

IL Private Pay

- ☐ Run the IL Daily Census calendars for Last Month and Current Month to verify they are in balance.
- ☐ Run the calculations for IL Private Pay on everyone. All the calculations will be put on hold.
- ☐ The IL Private Pay Billing Summary Held will automatically run. On the last page, the Revenues should always equal the Receivables. This is how you know the billing for IL Private Pay is in balance.
- ☐ The Post Bill and Pre Bill days must match the IL Daily Census calendar days.
- ☐ Once you have verified that the billing is in balance, you can Post All.
- ☐ When finished posting, run and print the IL Private Pay Billing Summary (transaction date) and make sure your date is set to the day you just posted the calculations, that is the 'transaction date".
- ☐ Now you are ready to run and print your IL Private Pay Statements.

Outpatient

- ☐ Run the Outpatient Requirements calendar and verify it is in balance.
- ☐ Run the calculations for Outpatient. All of the calculations will be put on hold.
- ☐ The Outpatient Billing Summary Held will automatically run. Verify that the Revenues minus the Receivables, minus any Co-Pays, minus any Contractual equals 0. This is how you know the billing is in balance.
- ☐ One you have verified that the billing is in balance, you can Post All.
- ☐ The Outpatient Billing Summary will automatically run once the calculations are posted. Again verify that the billing is in balance. Print this for your records.
- ☐ After you have the billing completed, run the UB04's for Outpatient.
- ☐ Create an electronic batch if you will be uploading and sending electronically (each payer source has a separate UB04 task so you will have to run a couple different UB04 tasks and can choose which to send electronically).

Trust Account

- ☐ Run the Trust Account Activity Documented report to be sure all activity for the month has been captured.
- ☐ Run the Current Balance report (looking back forever but through the ending date of the period you want to calculate through = end of last month) and add back any negative balances to the total.
- ☐ Take the revised current balance total and the amount of interest from the bank and enter them into the Interest Amount Setup charge master task.
- ☐ Run the Trust Account calculations on all Active, Inactive and Hold residents for the SNF, AL and IL. Place all calculations on hold. The Trust Account Activity Held report will automatically run. Verify both withdrawals and deposits tie back to the Trust Account Activity Documented report. Double check the interest distributed (as it will likely be off by a few cents).
- ☐ If the Interest is off, figure out who you want to distribute the pennies to. On their held calculation, put the additional penny or pennies on the Allocate Left Over Pennies line under the Enter Amount. Then click Screen towards the top. This will update the interest line as well as the balances. Post this calculation so all changes are saved. Continue with any additional pennies until interest matches the bank statement.
- ☐ Once you have posted the calculations with changes to allocate all the missing pennies, click Post All.
- ☐ The Trust Account Activity Posted report will automatically run. Verify the withdrawals, deposits and interest match the Trust Account Activity Documented and the interest from the bank statement.
- ☐ Now you are ready to run and print your trust account statements.

Month End Tie Out

Daily Census Report

Re-run the Daily Census report one final time and print it. Be sure that all the posted billing summaries tie back for number of days to this census report (as sometimes the census report is changed during the calculations).

Reports

Run the all the Documented vs. Posted reports. The two columns should tie out as to what was documented or imported vs what was posted. If not, identify who has the discrepancy and determine if there was charting that was missed or an entry not posted. The following documented vs posted reports are listed here:

- ☐ Therapy Documented vs. Posted
- ☐ Pharmacy Documented vs. Posted
- ☐ Lab Documented vs. Posted
- ☐ Radiology Documented vs. Posted
- ☐ Med Supplies Documented vs. Posted

Aging

Run the Aging task **All Payer Source**. This will give you a grand total and an individual payer source total. The totals must be the same as the totals in the **Balance to Aging by Account** Journal task. You will need to do this same step for each service. So the AL All Payer Source Aging to the AL Balance to Aging by Account Journal, IL All Payer Source Aging to the IL Balance to Aging by Account Journals, and the OP All Payer Source Aging to the OP Balance to Aging by Account Journal.

Journal

☐ Run the **Balance to Aging by Account** journal. The total on the Journal must match the total that is found on the **All Payer Source** Aging task. Once these are tied out, we recommend you export the All Payer Source aging. You will again need to do this same step for each service.

☐ The Journal task **Balance to Aging by Resident** is only used if the **Balance to Aging by Account** journal and the **All Payer Source** aging do not match. The user would then have to go through each resident and find who does not match. This is done most easily by having only those two tabs open at the top of the screen and then going to American Data-ECS>Window>Tile Side by Side. The user can then easily go down the list and find who does not match.

☐ Run the Journals for **Last Month Account Totals.** These should always balance to 0.00 (debits and credits match) for the grand total. This is the journal that is used to enter the numbers for the month end into your General Ledger system.

☐ Run the **Temp Liability Account.** Make sure that there is a $0.00 balance in here. If there is a balance displaying, contact American Data financial support for assistance.

Lock Periods

Once everything has been billed out and is in balance, Lock the Period for SNF, AL, IL and OP.

General Billing Information

☐ Admitted From/Re-Admitted From and Discharged To/Transferred To options must be charted in order for the UB04 to process correctly.

☐ Financial Contact must be charted in order for the Private Pay Bill and/or Trust Account Statement to generate correctly.

☐ Attending Physician must be charted (**and not free text typed**) in order for the UB04 to process correctly as the NPI is located in the values under the button words.

☐ Diagnosis Codes must be charted in order for the UB04 to process correctly.

☐ Hospice Company must be charted on Hospice residents only.

☐ Insurance Company must be charted on any resident (like the physician using the button word and not being free text typed) with a Primary Payment Source or Co-Payment Source of Insurance or it will not fill in on the UB04.

☐ ID's like Medicaid Number, Medicare Number, MRN, etc. must be filled in the Demographics in order for the UB04s to process correctly.