

# **EasySteps One-Click Billing - CFO Claims**

## **Instructions & Policy**

*(all non-Medicaid claims)*

In the Reports area of your EasySteps app, CFO claims are separated into Direct Services (ongoing therapy) or Meetings/Evaluations. All claims flow through the system and can be found in one of three 3 categories: 1) To Bill, 2) In Process, or 3) Paid. With EasySteps One-Click Billing, you can approve claims with just one click and then watch your claims flow through the system. We manage the entire process for you, including requesting authorizations. Please read this document in it's entirety to understand how we assist you in the billing process and to understand your responsibilities to ensure all your claims get paid in a timely manner.

### 1) CFO Claims To Bill

After you complete a daily contact note, click the magic wand. You will be prompted to send the claim directly to billing. And that's it! The claim has been submitted and you are done. OR, you can send claims all at once in the billing reports section (note: assistants are not offered the immediate billing option in order for the supervisor to review and submit claims).

To send claims in the reports section: **Reports > CFO Claims to Bill**

Before you submit claims, be sure to review each claim to make sure it is correct (i.e. date of service, length of service, location, etc.). Once you review the claims, check the "Yes" box and hit the magic wand to send claims. And that's it! You can look at all claims in progress by going to "CFO Claims In Process."

#### **CFO Billing Deadline: 5PM on the day prior to the CFO "Check Run" date**

Because the EasySteps billing team submits Part C claims manually, please do not hold claims until the deadline. Please send claims in advance of the deadline date which ensures we are able to check for and send requests for your claims so they can be paid in a more timely manner. Claims submitted after 5PM will likely not be processed in time for the current checkrun date. EasySteps posts the current CFO billing deadline on the HomeScreen message board.

TIP: Claims with missing or incorrect information will turn red. Click the red button to fill in / correct the information.

TIP: If you work on the Offline EasySteps App, make sure you sync after you submit claims. EasySteps will not receive your claims to process until you sync.

TIP: View and edit the note by clicking the "View Note" button. Once the claim has been submitted to the payer, the date and length of service will be uneditable.

TIP: Two claims rejected as *Duplicate* are for two notes with the same date of service. Correct the date of service or delete the duplicate note, and bill the correct claim(s).

TIP: If you are new to EasySteps One-Click CFO billing and want to "clean up" your list of claims, just click the "Archive Claim" button for all claims that you do not need EasySteps to bill. Those claims will move to the "Archived Claims" Report.

## 2) CFO Claims In Process

This report shows all outstanding claims. Each claim will have a status: Claim Created, No Auth, Auth Expired, or Insufficient Units.

Claim Created - indicates you have submitted the claim to EasySteps, but the claim has not yet been processed.

No Auth - indicates there is not yet an authorization for this claim. The EasySteps Team is working to help you obtain an authorization.

Auth Expired - the authorization for this claim has expired, and the EasySteps Team is working to help you obtain a renewed authorization.

Insufficient Units - the authorization does not have enough units remaining to bill the claim you submitted. EasySteps will notify you by email with a request for how you would like us to proceed.

Once EasySteps submits the claim, we also perform a claim check to ensure it has been fully adjudicated for payment. Once a claim has been sent to the payer and checked for adjudication, it will move to the "CFO Claims - Paid" report.

Once you submit a claim, EasySteps will submit a claim on your behalf as follows:

*OT,PT,Behaviorist 1 Unit = \$30.00 billed (pays \$26.77 per unit)*

*SLP Shortened Visit = \$53.54 billed (pays \$53.54)*

*SLP Full Visit = \$120.00 billed (pays \$107.06)*

*SI 1 Unit= \$20.00 billed (pays \$19.44 per unit)*

*Full Evaluation = \$275.00 billed (pays \$254.80)*

*Exit Evaluation = \$150.00 billed (pays \$127.40)*

\*\*EasySteps submits claims for an amount greater than the expected reimbursement amount in the event of a pay increase which are often retroactive. This is a standard procedure of all billing agencies.

### 3) CFO Claims - Paid

In this report, you will see a list of all claims that are fully adjudicated for the upcoming check run date. Payment amounts are totaled at the bottom of this report so you will know your expected payment for the upcoming check run date.

TIP: Search for previous check run dates in the search box.

*Meetings, evaluations, and other claims follow the same process as ongoing service claims.*

#### **The CFO Claim Process:**

- 1) You create a Daily Contact Note and approve the claim for billing with just One-Click to Create a Claim (claims are created using information from the patient's chart and the daily note).
- 2) The EasySteps Team looks for the authorization and submits the claim as soon as an authorization becomes available (EasySteps finds the authorization for you).
- 3) Once the claim is submitted, EasySteps double-checks each claim to ensure it is "Fully Adjudicated" and you can watch the "Paid Claims" report to see when each claim has been fully adjudicated.
- 4) For claims without an authorization, EasySteps sends a friendly reminder email to the FSC listed in the patient's chart. The provider is CC'd on each email (see the email process below).
- 5) Your account is checked regularly to ensure every possible claim is Fully Adjudicated by the upcoming Check Run Date.
- 6) Electronic CFO Claims are paid on the next Check Run date.
- 7) EarlySteps CFO deposits the money into your bank account.

Note: EasySteps reconciles each claim so you can see at-a-glance all paid claims in your EasySteps app.

Note: Any claims that do not process correctly or are not paid within the proper timeframe are automatically updated and resubmitted.

Note: EasySteps maintains a "Claim Watchlist" so nothing goes unpaid.

TIP: You can watch claims process in your Billing Reports ~ EasySteps keeps you informed every step of the way!

### Quick Claims



Quick Claims provide a fast and easy way to create claims for a client who does not have a chart in EasySteps (i.e. evaluation) or for a therapy visit/meeting that



you did not create a note for in EasySteps, you can easily create a Quick Claim.

There are two places you can create Quick Claims:

- 1) The patients chart - in the event you need to write a paper note or create a claim for a visit for one of your client's who has a chart in EasySteps, click the Quick Claim button and enter the claim information. For ongoing therapy visits with a quick claim, an electronic note which states "See Paper Form on File," will be listed in your client's history.
- 2) The Reports/Billing Page - in the event you need to create a claim for a client who does not have a chart in EasySteps (i.e. evaluation/meeting), click the Quick Claim button at the bottom of the page and enter the claim information.

Quick Claims will process the same as all other claims.

## Emails to Obtain Authorizations

As you know, obtaining authorizations is sometimes difficult and time-consuming. Some regions submit authorizations for meetings within a couple of days, while other regions take over a month (or two). Per the EarlySteps Provider Manual (chapter 10, page 16), *"Billing must be submitted within 60 days of the date of service using the online provider system. If billing is not received within this time frame, the CFO will deny payment. Adjustments are not made for late claims submission or for post-approval for services provided without authorizations or for "make-up" sessions over the daily service limit."* Out-of-date authorizations may be overridden by the Regional Coordinator in some instances; however, the authorization must be billed first and get a denial prior to being paid.

**EasySteps has developed a series of emails for requesting authorizations that has been successful.** Emails will be sent weekly/every 10 days to the FSC/Intake Coordinator listed in the chart/with the claim. The provider will be CC'd in all email coorespondences. EasySteps will send email requests until the claim is 60 days past the date of service. After the final email request, the provider will need to obtain the authorization. EasySteps will archive the claim after it is greater than 60 days old.

Note: If no FSC or Region is listed in the patient chart, the email will only go to the provider.

Note: We keep a detailed audit log each time we search for an authorization, all email requests, and any coorespondence related to the authorization. The EarlySteps Manual states that the SPOE has 4 days to enter an authorizations once it is received; however, there is a grey area for the FSC's deadline. EarlySteps recognizes that authorizations need to be entered as soon as possible since providers rely on the authorizations for payment of services rendered.

**\*\*The EasySteps policy states "Services should never be provided until verification of the authorization is conducted." and "Providers will only begin service delivery after authorizations have been issued through the online web-based system. Authorizations should be checked weekly to assist in managing available service units. Providers are responsible for verifying availability of units throughout the service authorization period and managing them appropriately to meet IFSP requirements.**

Sample Email:

Subject: Auth Request

From: Easy Steps Billing – billing...

Signature: None



Just a friendly reminder to submit an authorization for Jane Doe, LOTR:

B Rose - Meeting on 1/10/2021

Thanks!

This e-mail may contain Protected Health Information, Individually Identifiable Health Information and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or the taking of action in reliance on the content of this E-mail and any attachments thereto, is strictly prohibited. If you have received this E-mail in error, please notify the sender immediately and destroy the contents of this E-mail and its attachments by deleting any and all electronic copies and any and all hard copies regardless of where they are maintained or stored.

## EasySteps Procedures for CFO Claim Problems

### No Authorization, Authorization Canceled, and Expired Authorizations

Weekly emails will be sent to the Provider and FSC requesting the authorization. All unbillable claims will be archived after they are 60 days past the date of service.

### Insufficient Units

Two emails will be sent to the provider with a deadline to correct the claim or obtain additional units (approximately 3 weeks). After the deadline, EasySteps will bill this claim as is and send the provider an email that can be used to contact the regional coordinator requesting the possible approval for claim override. (Note: claim overrides are not guaranteed.)

### Date Discrepancy

Emails will be sent to the provider and FSC. The claim will be archived after the claim is 60 days past the date of service if the claim is still unbillable.

### No Units

Three emails will be sent to the provider to add time/units to the claim. The claim will be archived after the third email if not corrected.

### Over Submission Filing Limit

Claims are automatically denied payment when they are "Over the Submission Filing Limit" (older than 90 days past the date of service). EasySteps will bill this claim and send the provider an email that can be used to contact the regional

coordinator requesting the possible approval for claim override. (Note: claim overrides are not guaranteed.)

### **Incorrect Authorization Code**

Three emails will be sent to the provider to correct the claim. After the 3rd email, EasySteps will bill the claim on the available auth and send the provider an email that can be used to contact the regional coordinator requesting the possible approval for claim override. (Note: claim overrides are not guaranteed.)

## Your Responsibility

The EasySteps Billing Team works diligently to obtain authorizations when they are not yet available; however, we welcome any and all help during the process so you can get paid faster!

There are a few things you can do to expedite your claims to be paid:

1. Submit claims as soon as possible.
  2. Make sure the date of service and spelling of name is correct.
  3. Check all claims before submitting them (i.e. check for duplicate claims and make sure important information such as date of service and units are correct).
  4. Be sure to fill in the FSC and Region for every patient (some providers work in multiple regions). Without knowing who the FSC is, we are unable to send emails.
  5. You will be CC'd on all emails. Please feel free to contact the FSC/coordinator. The EasySteps Billing Team will only send emails, and will not make any phone calls. We welcome your assistance (i.e. emails/phone calls) to obtain authorizations for your claims.
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