

GUIDE TO HOME HEALTH BILLING

How payers (insurance companies) accept invoices...

Insurance companies (i.e. Medicare, Medicaid, Blue Cross/Blue Shield etc. and private payers) accept invoices three (3) ways:

- on paper
- electronic submission by uploading an electronic file,
- direct-data-entry (DDE) into the payer's on-line billing system.

Always call the payer – before you start providing services – to find out how to submit invoices.

Paper invoices.

A few payers still require that invoices be submitted on paper. You'll use either an Institutional (UB04) or Professional (CMS1500) claim form. Install PC-Ace PRO32, a free billing software, to create paper UB04s and CMS 1500s.

Private payers – like family members or patients paying for their own services will accept a standard service invoice created out of QuickBooks or other accounting software.

Electronic submission.

Uploading a batch of invoices in an electronic file to the payer is the most efficient way to bill. You'll need a 'billing portal' to be able to do this.

Common billing portals are IVANS, Ability & Quadax. You will need to purchase a subscription to a billing portal – typically \$100 to \$200 per month. Please refer to our article on billing portals.

Direct data entry.

Medicare & Medicaid accept invoices through 'direct data entry' into a billing interface on their website. This is the most time-consuming method of billing invoices.

Certain payers operate on an eligibility system.

A home health agency (HHA) should find out how a payer agrees to pay before providing care. Some payers require that you obtain "prior authorization" before care. Others require that you verify the patient's eligibility for coverage - under their policy.

Medicare, the largest insurance company in the U.S., publishes patient eligibility in the CWF (common working file). All providers (including HHAs) use the CWF is used to determine the eligibility of patients for Medicare benefits and to monitor the appropriate usage of Medicare benefits.

Before you provide Medicare home health services to a patient, you'll want to verify their eligibility through the CWF so you get paid for the services you provide

How to access the CWF.

You can access the CWF

- through your own direct data entry (DDE) access to Medicare (if you are a certified HHA),
- via a billing portal,
- via fee-based eligibility verification services.

MyHomecareBiz verifies eligibility daily.

MyHomecareBiz's billing software

- tracks compliance with eligibility and
- provides alerts when eligibility verification is due to expire.

Certain payers require prior authorizations.

Depending on the payer, a home health agency (HHA) may be required to obtain a 'prior authorization' (PA) to provide home health services. Think of prior authorization as "permission" to provide a type of service for a specified duration.

Most Medicaid and commercial insurance companies (Humana, Aetna, Blue Cross/Blue Shield etc) require the HHA to obtain a prior authorization before providing services. If you don't obtain a required PA, you won't be paid for the services you provide. It's important to provide services exactly according to the PA – payers will pay for only services that have been authorized.

Maintain a list of telephone numbers (for each payer) to call for PAs.

To get a PA you need to telephone the department of the payer that issues PAs. Typically you'll receive a code or number that is associated with the authorization and that code/number will go on the invoice ('claim') that you mail or electronically submit. For example, a Medicaid

program that pays for PCA (personal care attendant) services requires that you, the HHA, get prior authorization before providing services. You will telephone the department and obtain a PA to provide (for example) PCA services, 6 hours per week for 12 weeks starting on month/day/year. They'll issue you a code to put on the invoice. When you create the invoice you'll include the PA code on the invoice.

Find software to track your PAs.

You'll need a way to track if you are

- following the prior authorization (tracking the number of hours or visits authorized) and
- when a new prior authorization is due.

MyHomecareBiz tracks Prior Authorizations.

MyHomecareBiz's billing software

- tracks compliance with PAs,
- provides alerts when a PA is due to expire, and
- includes the PA number/code on the invoice.

To bill "paperless"...electronically submit claim files...you'll need to subscribe to a billing portal.

Many payers (Medicare, Medicaid, Blue Cross/Blue Shield etc.) require that invoices ('claims') are submitted 'electronically' instead of through the mail. Always call the payer – before you start providing services – to find out how to submit invoices.

The desired method of sending invoices to an insurance company is to upload an electronic file. In 2013 the electronic file format changed from "4010" to "5010".

Make sure your billing software can create the 5010 electronic claim file.

MyHomecareBiz automatically creates the 5010-compliant file format for institutional and professional claims. This file can be uploaded directly to the payer (who accepts electronic files - of course) through a secure 'billing portal'. This is the fastest and most error-free way to send invoices.

Common billing portals are Quadax, JVANS & Ability.

You will need to purchase a subscription to a provider like these – typically \$100 to \$200 per month. The provider will issue you a username and password to log in. The purpose of this secure login is to ‘authenticate’ you as the user to be able to trace all activity – including the transmission of malicious files.

Consider a billing provider if you don't have the time or resources.

You can always outsource your billing to billing professionals like MyHomecareBiz. We process all authorized claims overnight and process all payer types: Medicare, Medicaid & commercial insurers.

For a information MyHomecareBiz Overnight Billing Services please contact us at (888) 710-6888 x3.