



BillingBuilder - Medicaid & MCO Billing Setup (NYS)

AWARDS Quick Reference Guide

Overview

This document is designed to guide you through the process of billing setup for PROS, ACT, and CR program services to Medicaid and Medicaid managed care organizations (MCOs) in New York State.

The billing setup for Medicaid managed care payers will, for the most part, be the same as it is for the Medicaid payer, aside from some data elements. Any differences in billing data (revenue code, payer receiver ID, payer ID, etc.) will be provided by the managed care companies themselves.

To complete the necessary billing setup in AWARDS, follow the steps detailed here.

Step 1: Configure Payers

For each MCO (managed care organization) you will be billing services to, use **Fiscal/Program > BillingBuilder > Payers** to configure them as a payer. When doing so, the name of the payer needs to include “Medicaid.”

For example, if you are contracted to submit invoices to Healthfirst for your Medicaid consumers, the payer in AWARDS could be called “Healthfirst Medicaid.”

Once the payer has been configured in AWARDS (payer named, received ID entered, and payer ID entered), you can assign this payer to consumers within their certified entitlements records just as you have done before with the Medicaid payer.

ADD NEW PAYER	
Payer Name *	Healthfirst Medicaid
Payer Address	
Street Address	123 Main Street
City	Anytown
State	NY
Zip Code (full nine digit zip code, no dash)	100001111

Tip: For a detailed walkthrough of the above process, refer to [Configuring Payers](#) in Online Help.

Step 2: Configure Billing Types

Next, use **Fiscal/Program > BillingBuilder > Configure Billing Types** to add a new billing type for the managed care payer configured in Step 1.

When doing so, the fields/options on the *Add New Billing Type* page should be set as follows:

ADD NEW BILLING TYPE	
Payer Name	Healthfirst Medicaid (accepting ICD-10 as of [no date set])
Billing Type *	PROS
No Billing Rules Entered in AWARDS	<input checked="" type="checkbox"/>
Billing Unit Type	Monthly
Whether to generate the 837I, 837P	837I

- **Billing Type** - Enter PROS, ACT, or CR based on the program you are working with
- **No Billing Rules Entered in AWARDS** - Check off this option.
- **Billing Unit Type** - Select “Monthly.”
- **Whether to generate the 837I, 837P** - Select “837I.”
- **Sender ID/ETIN** - Enter your agency’s sender/submitted ID, provided by the payer or your clearinghouse.
- **Agency Tax ID** - Enter your agency’s tax ID (with no dash).

- **Sender Address** - Enter your agency's main address (with no dash in the zip code).
- **Sender's Phone Number** - Enter your agency's main phone number (with no dashes).
- **CMS place of service code / Uniform Billing Type Code** - Enter the 2-digit code for the services being provided.
- **Prior Authorization Required (PROS Only)** - If the billing type is "PROS," check off these options if the MCO is requesting to see prior authorization numbers in the 837I file. (This will be a requirement to bill for the selected procedures, so authorization data will also need to be added in the consumer's entitlements records.)

When all fields/options have been configured as needed, click **SAVE BILLING TYPE WITHOUT BILLING RULES**.

☀ **Tip:** For a detailed walkthrough of the above process, refer to [Configuring Billing Types](#) in Online Help.

Step 3: Create a Program Billing Group

Next, create a program billing group. To do so, navigate to **Fiscal/Program > BillingBuilder > Program Billing Groups**. There, select the managed care payer, click **Select**, and then click **Create**.

Just as you have done for the Medicaid payer, in this screen you will name the program billing group. (For instance, continuing on with the same example from steps 1 and 2, if this is for PROS services the **Program Billing Group** could be labeled "HF PROS.")

From the **Billing Type** drop-down, select one of the hard coded billing types based on the type of program:

Program Billing Group *	Description	Billing Type
PROS	HF - Medicaid - PROS	PROS
Payer Name Healthfirst Medicaid		

- **PROS program** - Select the "PROS" billing type
- **CR program** - Select the "OMH CR" billing type
- **ACT program** - Select the "ACT" billing type

In the additional fields/options, enter the required billing data as you have done before with the Medicaid payer. Once you are finished entering the billing data, click **Save**.

☀ **Tip:** For a detailed walkthrough of the above process, refer to [Configuring Program Billing Groups](#) in Online Help.

Step 4: Edit Program Billing Info

Next, navigate to **Fiscal/Program > BillingBuilder > Program Billing Info**, select the program and managed care payer you are working with, and then click **CONTINUE**.

On the *Program Billing Info* page, click the **Program Billing Group** drop-down and select group you created in Step 3.

At this time the page refreshes and most of the data is filled in for you. If any data is not filled in, enter it now, and then click **CONTINUE**.

Program Billing Info for Program: PROS Full Service				
Healthfirst Medicaid Information				
*Program Billing Group	Billing Type	Revenue Account	A/R Account	Cash Account
HF PROS	PROS			

☀ **Tip:** For a detailed walkthrough of the above process, refer to [Configuring Program Billing Info](#) in Online Help.

Step 5: Set Billing Rates

Next, go to **Fiscal/Program > BillingBuilder > Billing Rates**, select the managed care payer and program you are working with, and then click **CONTINUE**.

For each billing code, enter a billing rate with the correct effective date. To do so, select the **Billing Code** and **Effective Month/Year**, and then click **Create**. On the page that follows, make the following selections:

- **Description** - Enter an optional description for the billing rate
- **Proc Code** - Select the associated procedure code
- **HCPCS/CPT Code** - Enter the associated code and modifier (for example XXXXX:XX)
- **Billing Rate** - Enter the procedure's billing rate amount

Once the billing rates are entered, click **SAVE**. Repeat this process for all procedures in the **Billing Code** list.

☀ **Tip:** For a detailed walkthrough of the above process, refer to [Configuring Billing Rates](#) in Online Help.

And Now, Repeat!

You have now completed the billing setup for a managed care payer and program. Please repeat the above steps for each additional managed care payer as needed.