



BillingBuilder Processing

AWARDS INSTRUCTION SHEET

The AWARDS BillingBuilder feature (located in the Fiscal/Program module) enables users to bill payers for services provided to clients and recorded in AWARDS. Payers can include Medicaid, Medicare, private insurances, self-paying clients, or any other third-party payer that accepts the 837I or 837P electronic billing file, HCFA paper claim forms, or printed invoices.

Prior to using the BillingBuilder for billing processing, you must complete several setup steps, including configuration of the payers your agency bills to, as well as configuration of billing types, procedures, program billing groups, program billing information, and rates. (Information on this setup process is discussed in detail in the "BillingBuilder Setup" instruction sheet accessible in AWARDS Online Help.) Once your agency has completed that billing setup process you will be ready to begin billing processing from AWARDS.

REQUIRED PERMISSIONS

The BillingBuilder is accessed from within the Fiscal/Program module. Access to that module and feature are limited to users with the following permissions:

- **Data Entry / Access** – Unless you are a member of the Fiscal Staff or Executive Officer user groups, you must have the "Display Executive Administration Buttons" and "Display Fiscal Buttons" permissions.

PROCESSING OVERVIEW

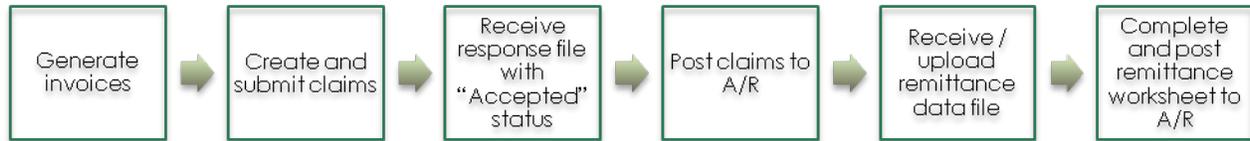
In order to bill for services during billing processing, there are two types of data that must be entered in AWARDS:

- **Client data** – Client data required for billing includes date of birth, gender, entitlements/insurance information, address, and diagnosis information. AWARDS will not generate invoices for clients who are missing any of this information.
- **Services data** – The services data that determines if a client is eligible for billing depends on the billing rules configured in the BillingBuilder.

Once the necessary client and services data has been entered in AWARDS, the billing process begins with generating a batch of invoices. Invoice batches may then be edited. To submit a batch of invoices to a payer, the batch must be converted into an acceptable claim file format or paper claim form.

Once a claim file is submitted to a payer and is accepted, the invoices are posted to accounts receivable (A/R). When remittance information is received, a remittance worksheet is created to indicate payments, and is then posted to A/R to contribute to a running balance of services billed and remitted. If claims were denied, a re-billing batch may be created and submitted.

This diagram illustrates the main steps in the billing process, each of which will be discussed in more detail later in this document:



IMPORTANT! Prior to completing the steps of generating invoices and claims, please make sure that you have created fiscal periods in AWARDS. They will enable you to post remittance worksheet information to the relevant fiscal period. To learn more, please follow this path in AWARDS Online Help: Administration Modules > Fiscal/Program > G/L Menu > Fiscal Periods.

ABOUT THIS DOCUMENT

This document is intended to guide you through the steps involved in processing claims in the AWARDS BillingBuilder. Specific topics covered are:

- [Entering Client Data](#) – Enter the necessary entitlement and diagnosis information for clients. Page **2**
- [Insurance Eligibility \(270/271\)](#) – Verify a client's eligibility. Page **3**
- [Generating Invoices](#) – Generate an invoice batch for a program group. Page **5**
- [Working w/ Invoices](#) – View, edit, delete and print invoices. Page **6**
- [Posting Invoices to Accounts Receivable](#) – Post invoices to A/R. Page **11**
- [Working w/ Insurance Claims](#) – Create 837 claim files and HCFA paper claim forms. Unpost invoices. Page **12**
- [Submitting Claims](#) – Done outside of AWARDS. Page **15**
- [Working w/ Response Files](#) – Upload and read response files from the payers. Page **15**
- [Working w/ Remittance Information](#) – Upload and read electronic remittance files. Page **17**
- [Creating, Posting and Viewing a Remittance Worksheet](#) – Create/post a remittance worksheet. Page **19**
- [Working w/ Reversals and Adjustments](#) – Reverse/adjust previously posted invoices. Page **22**
- [Frequently Asked Questions](#) – Learn the answers to common billing processing questions. Page **24**

Information on the setup component of the BillingBuilder is not included in this document. For more information on setup see the "BillingBuilder Setup" instruction sheet accessible in AWARDS Online Help.

ENTERING CLIENT DATA

Before you can bill, client data must be entered into AWARDS. This data is necessary to identify clients for whom invoices will be generated, as well as to populate required fields in the claim file or claim form. Specific client data required to generate invoices for services provided include:

- **Client identifying information** – Includes name, date of birth, gender, and address. This information is collected in required fields during the admission process in AWARDS. It can be updated at any time using the Profile module Face Sheet feature. For detailed instructions on using that feature, please see AWARDS Online Help.
- **Entitlement records** – When a new payer is configured during the BillingBuilder setup process, AWARDS automatically adds the new payer to the selection list available in the Entitlements module Certified Entitlements feature as an “Insurance/Subsidized Payments” entitlement. When generating invoices for that payer, only clients with an entitlement record for that payer will get an invoice generated (assuming all other eligibility requirements are met). For detailed instructions on entering, updating, or deleting entitlement records for a client please see the “Certified Entitlements” instruction sheet available in Online Help.

When creating an insurance entitlement record for a client, there is a selection list that allows you to choose whether the insurance company is a “Primary,” “Secondary” or “Tertiary” payer. If an insurance company is designated as a “Secondary” payer for a client then AWARDS will generate invoices for the insurance company if:

- *There are no billing types set for the “Primary” insurance for a single program,*
- *Or the “Secondary” insurance has procedure codes that do not exist for the “Primary” insurance. Invoices will only be created for the procedures with differing procedure codes than the “Primary” insurance.*

“Primary” designations will not affect billing if no “Secondary” selection is made. The “Tertiary” designation will have no affect on billing.

- **Diagnosis Information** – A diagnosis is required in order to bill for services provided to a client. This information can be entered for a client via his or her Face Sheet, or using the Diagnoses Information feature of the Medical module. For detailed instructions on entering diagnosis information from either of those locations, please see AWARDS Online Help.

When working with diagnosis information, keep in mind that:

- *A primary disability is not required in order to bill for services provided to the client.*
- *In most cases, only the Axis I or Axis II information is needed to bill for services provided to the client.*
- *When generating invoices, AWARDS uses the diagnosis code, not the diagnosis description. If a diagnosis description is entered without a corresponding code, an invoice will NOT be generated for that client.*
- *When generating claim files, AWARDS will translate the DSM-IV codes entered to an ICD-9 code for the claim file.*

INSURANCE ELIGIBILITY (270/271)

Prior to generating invoices, use this functionality to verify a client's entitlement record, as well as see which services they are eligible to receive under their insurance plan. Each insurance company will provide information differently, therefore some insurance companies will offer more where some will offer less.

To verify a client's eligibility, complete the following steps:

1. From the AWARDS Opening Menu page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.

3. Click **Insurance Eligibility (270/271)**. The *Insurance Eligibility Menu* page is displayed. 
4. Click the **Payer** drop-down arrow and select the payer for whom eligibility is being checked.
5. Click one of the following options/buttons:



- **Create Eligibility Inquiry File** – Click this button to create the 270 inquiry file to be submitted to the insurance company. The *Payer Eligibility Inquiry* page is displayed. Click the **Program** drop-down arrow and select the program which contains the clients to be included in the 270 inquiry file and click **CONTINUE**. On the next page, select an **Eligibility Date**, **Client(s)** to be included, and select from the following Options check boxes:
 - **Include Consumer Names** – Check this option to send the consumers first name, last name and middle initial from the consumers face sheet in the 270 file (MN1 segment (NM103, NM104, NM105))
 - **Include Consumer DOB and Gender** – Check this option to send the consumers date of birth and gender from the consumer's face sheet in the 270 file (DMG segment (DMG02, DMG03))
 - **Include Inquiry Response Receiver ID** – Check this option to send the agencies tax ID from Program Billing Info in the 270 file (REF*EO segment (REF02))

Then click **CREATE 270 Eligibility Inquiry File**. The HIPAA 270 file is created and a link is provided for you to download the 270 file (for upload to your payer's online portal).

- **Upload Eligibility File** – Click this button to upload a 271 response file received from the insurance company. The *Upload Payer Eligibility Response* page is displayed. Click **Choose File** and locate the 271 file that has been previously saved to you local agency hard drive or folder. Once the 271 file has been selected, click **CONTINUE**.
- **Read Eligibility Response File** – Click this button to read a 271 response that has previously been uploaded into AWARDS. The *Read Payer Eligibility Report* page is displayed. Select the radio button next to the file to be read and click **CONTINUE**.

The selected 271 response information is displayed, with the following columns: 

Insurance Eligibility Inquiry Response			
Information Provider:		THE INSURANCE CO.	
Contact Name:		TIC PROVIDER SERVICES	
Contact Info:		8005555555	
CIN	Name	Date	Response
WE3434897YH	(entitlement not found)	05/31/2013	Active Coverage - Individual - Health Benefit Plan Coverage - Plan Coverage-MA Eligible MSG: 84 - 86 - CNTY CD=66 035 - RECERT MONTH=12 - Co-Payment - Individual - Health Benefit Plan Coverage - Remaining - Amount=200 Co-Payment - Individual - Diagnostic X-Ray - Amount=1

- **CIN** – Displays the client's insurance ID.
- **Name** – Displays the client's name.
- **Date** – Displays the eligibility date.
- **Response** – Displays the response from the insurance company, sorted by client for the eligibility date indicated.

The process of verifying a client's eligibility is now complete.

GENERATING INVOICES

When generating invoices, AWARDS searches for any clients in the selected program billing group who have all of the client data required for billing, including: name, date of birth, gender, address, a diagnosis code, and an entitlements record indicating that he or she is covered by the payer associated with that program billing group. Documented services that meet the documentation requirements entered for that billing type are also required.

Invoices are generated for program billing groups, not individual programs. For more information about program billing groups please refer to the "BillingBuilder Setup" instruction sheet located in AWARDS Online Help.

To generate a batch of invoices, complete the following steps:

1. From the AWARDS Opening Menu page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.

2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.

3. Click **Generate Invoice Batch**. The *Generate Invoices* page is displayed. 



4. Click the **Insurance** drop-down arrow and select the insurance for which invoices are to be generated. AWARDS will look for all clients with the selected insurance in programs belonging to the specified program group (chosen in step 6).

5. Click the **Month** and **Year** drop-down arrows and select the month and year for which invoices are to be generated. AWARDS will look for all clients that have services rendered in the month and year specified here.

A month and year must be selected for "monthly" billing types. For "per diem" or "fee for service" billing types, the optional date range override may be used to generate invoices for a period shorter than one month. See step 8 for further instructions.

6. Click the **Program Group** drop-down arrow and select the program group for which invoices are to be generated. This drop-down only contains program groups that have been configured for the insurance selected in step 4.

7. Click the **Billing Action** drop-down arrow and select the action to be completed. Options include:

- **Insurance Error Report** – Displays all clients who are missing important information needed to create an invoice (such as diagnosis, Insurance ID, etc.).
- **Generate Invoice Batch** - Creates newly billed invoices (primary invoices) only.
- **Generate Bulk Manual Batch** – Provides the ability to create a batch of invoices manually. In order to use this option, the billing type associated with the program group selected when creating an invoice batch is must have the "No Billing Rules Entered In AWARDS" option checked.

- **Generate Previously Ineligible Batch** – Creates invoices for previously ineligible records (for Medicaid billing only).
 - **Generate Claim Denials Re-Billing Batch** – Creates invoices for previously denied invoices (marked as re-bill in a worksheet).
 - **Generate COB Remainders Re-Billing Batch** – Creates invoices for invoices where a remainder was assigned in a worksheet.
 - **Generate Denials and Remainders Re-Billing Batch** – Creates invoices for both previously denied invoices (marked as re-bill in a worksheet) and invoices where a remainder was assigned in a worksheet.
 - **Generate All Futures Batch** – Creates invoices for Ineligible, Denied, and Remainder Assigned invoices.
 - **Verify Invoice** – Displays reasons why an invoice was not created for a client (i.e., service documentation did not match procedure requirements, etc).
 - **Generate Empty Batch** – Provides the ability to create a batch of invoices manually, with no required settings.
8. To generate invoices for a period shorter than one month when working with non-monthly billing types, enter values in the **Start Date** and **End Date** fields in the “Optional Date Range Override” portion of the screen.
 9. Click **CONTINUE**. AWARDS searches for clients with the selected insurance during the specified date range who have services that meet billing requirements. This may take a few minutes to process based on the number of clients and requirements.
 10. Once the search is complete, scroll to the bottom of the screen and click **Edit Invoice Batch** if you wish to continue to working with the batch.

The process of generating invoices is now complete.

*To view the batch details, or to update or delete the generated batch of invoices from this page, click the **View**, **Update**, or **Delete** button as appropriate. These features are explained in detail later in this document.*

WORKING WITH INVOICES

Once you have generated a batch of invoices, you may wish to view or edit the contents of the batch, delete the entire batch, or convert it to a printable format. Each of these processes is described in the sub-sections that follow.

- [Viewing / Printing an Invoice Batch – Page 6](#)
- [Editing an Invoice Batch – Page 8](#)
- [Deleting an Invoice Batch – Page 11](#)

VIEWING / PRINTING AN INVOICE BATCH

To view, and if necessary print, an invoice batch, complete the following steps:

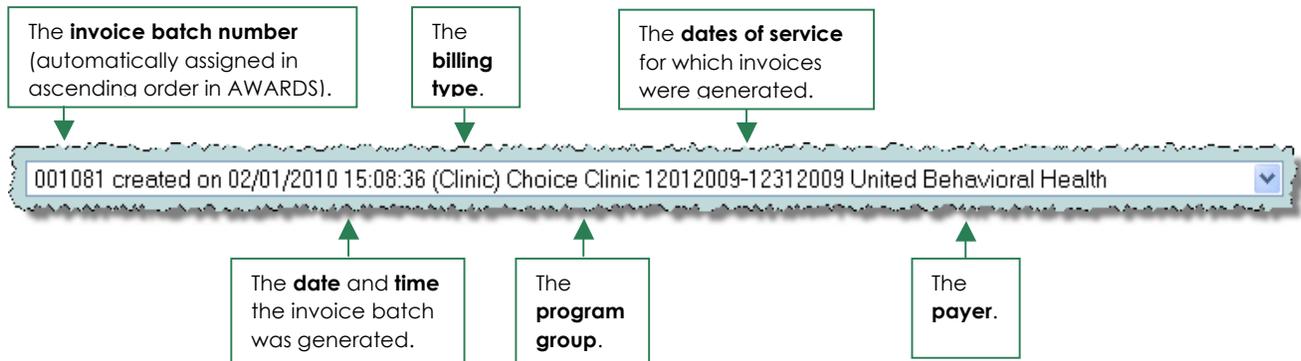
1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.

2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.

3. Click **Edit Invoice Batch**. The *Edit Billings* page is displayed. →

4. Click the **Batch Number** drop-down arrow and select the batch to be viewed/printed.

Invoice batches are listed with several pieces of information that make it easy to understand what they contain, as shown here:



5. Click **View**. The batch details are displayed in a table, with the identifying information for the batch listed at the top of the page.

Each invoice in the batch is represented by one row in the table, and the amounts listed in the row are the total amount being billed for that invoice (Claim Amount) and the Remit Amount. The Claim Amount is supplied by the billing rate setup under BillingBuilder > Billing Rates. There are two exceptions that could change the Claim Amount set for an invoice:

1. In a situation where AWARDS is billing a secondary and/or tertiary payer, the invoice will be assigned the claim amount billed to the primary payer.
2. If the invoice is billing a primary payer, but there is a higher billing rate setup for a secondary payer, AWARDS will use the higher rate as the claim amount.

Invoice rows also include the client name and ID number, an invoice number, which is automatically assigned by AWARDS, the diagnosis code used for the invoice, the service date for the service being billed, the procedure code (followed by the HCPCS modifier if applicable), the NPI (if applicable), and Delay Code (if applicable).

If the billing type for the batch is set to allow multi-line invoices and more than one service has been provided in a day, you will see each service as a line in the invoice batch. Multiple lines in the same invoice will be numbered in parentheses.

If the payer is Medicaid and the invoice date is 90 days ago or older, the Delay Code will default to 8. If the payer is not Medicaid, the default Delay Code will be blank. This value can be updated by accessing the invoice batch in data entry mode, as described in the next section.

To see the billing rules for any procedures included in the batch, run the Procedures Report accessed by following this path in AWARDS: *Fiscal/Program > BillingBuilder > Configure Billing Types > View Billing Types > Procedures Report*.

An **Excel File** link is displayed at the bottom of the report that can be used to export the data into a spreadsheet.

6. To display the invoices in a printable format, click **View Printable Batch**. Each invoice is listed on the page that follows and contains the agency's name and address, program name, the client's name and address, date of service, the service being billed for, the procedure (followed by the HCPCS modifier if applicable), diagnosis codes, and the amount due.
7. Use your browser's Print feature to print the invoices.

By default, a page break is inserted between every invoice when the batch is printed.

The process of viewing / printing an invoice batch is now complete.

To edit or delete any of the invoices being viewed in step 5, do one of the following at this time, keeping in mind that if the batch contains more than ten invoices, only ten of them can be opened and displayed in data entry mode at a single time:

- Click **Update** or **Update First 10 Invoices**. (Which of those buttons is available is based on how many total invoices there are in the batch.) All invoice rows, or the first ten invoice rows, are opened in data entry mode, respectively.
- Click the hyperlinked invoice number of a specific invoice to be edited. That invoice row and up to nine of the invoice rows below it (if applicable) are opened in data entry mode.

*Make any necessary changes, and then click **Save** if your work is complete, or use the **Next # Invoices** and **Prev # Invoices** buttons to navigate through the remaining invoices in the batch as needed. Be sure to click **Save** to finish the editing/deleting process and return to the Edit Billings page.*

Editing and deleting invoices is discussed in more detail in the section that follows.

EDITING AN INVOICE BATCH

When editing an invoice batch, you can edit certain information contained within the invoice batch, delete individual invoices, and add new invoices. To edit an invoice batch for the purposes of completing any of these data entry tasks, complete the following steps:

1. From the AWARDS Opening Menu page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Edit Invoice Batch**. The *Edit Billings* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch to be edited.

5. Click **Update**. The details are displayed in data entry mode in an invoices table, with the identifying information for the batch listed at the top of the page.

Batch Number: 000561 Created: 05/17/2013 Oxford Oxford Clinic Oxford Clinic 02012013-02282013

Invoices: 1 P/B Date: 02/01/2013

Delete	Name	Invoice Number	Diagnosis	Service Date	Procedure	NPI	Svc Units	Claim Amount	Remit Amount	Delay Code
<input type="checkbox"/>	Test, Johnny (100124101)	00002343 (1)	314.01	02/05/2013	12345	09090909	1	38.50		

Save Add Invoice Delete Entire Batch

BillingBuilder Fiscal/Program Menu

Jump Back Opening Menu Help Menu Log Out

Each invoice in the batch is represented by one row in the table. The amounts listed in the Claim Amount column are the amount being invoiced to the payer followed by a number in parentheses (), which applies when the invoice is secondary/tertiary and the remainder assigned within a prior remittance worksheet is reported. The Remit Amount is the expected remittance amount taken from billing rates/remit rate or the remainder assigned in a remittance worksheet, whichever is higher. Invoice rows also include the client name and ID number, a read-only invoice number which is automatically assigned by AWARDS, the diagnosis code used for the invoice, the service date for the service being billed, the procedure code (followed by the HCPCS modifier if applicable), the NPI (if applicable), and Delay Code (if applicable).

*If the invoice batch created is for a "Self-Pay" payer, the billing action used is Generate COB Reminders Re-Billing Batch, remainder assigned has a "Self-Pay" payer selected, and the rebilling record used to generate the invoice is associated with a prior invoice where patient responsibility (CAS*PR*3*10~) information has been captured in a remittance worksheet, the claim amount will reflect the patient responsibility supplied by the payer. See the screen shot below.*

Claim Amount	Paid/Re-bill/Void Amount	Paid/Re-bill/Void	If Remainder, assign to	Advice	CAS Information	Adjudication Date
125.00	*91.10	Paid	Self-Pay	[1] 45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. 3=Co-payment Amount	CAS*CO*45*23.9~ CAS*PR*3*10~	06/23/2014

*If the payer is Medicaid and the invoice date is 90 days ago or older, the Delay Code will default to 8. If the payer is not Medicaid, the default Delay Code will be blank. The **Delay Code** field will accept all ASC X12 5010 valid values listed below:*

- 1 - Proof of Eligibility Unknown or Unavailable
- 2 - Litigation
- 3 - Authorization Delays
- 4 - Delay in Certifying Provider
- 5 - Delay in Supplying Billing Forms
- 6 - Delay in Delivery of Custom-made Appliances
- 7 - Third Party Processing Delay
- 8 - Delay in Eligibility Determination
- 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
- 10 - Administration Delay in the Prior Approval Process
- 11 - Other
- 15 - Natural Disaster

Once the correct value has been entered and saved in the batch it will be included in the 837P and 837I files within loop 2300, segment CLM20.

IMPORTANT! Only ten invoices open in data entry mode at a single time. If an invoice batch contains more than ten invoices, only the first ten are shown at this time. The other invoices can be accessed later in this process.

If the billing type for the batch is set to allow multi-line invoices and more than one service has been provided in a day, you will see each service as a line in the invoice batch. Multiple lines in the same invoice will be numbered in parentheses.

6. Make changes to the existing invoices on this page by completing one or more of the following data entry tasks:

- **Edit the information for one or more invoices** – To do so, adjust the values in the **Diagnosis, Service Date, Procedure, NPI** (if applicable), and/or **Amount** fields as necessary.

Client names and invoice numbers are read-only and cannot be edited.

- **Delete one or more individual invoices** – To do so, click the **Delete** check box next to the row(s) of the invoice(s) to be deleted.

Once deleted, the only way to retrieve an invoice is to generate a new batch. Please note: Medicaid Reminders Assigned to COB Re-Billing invoices for procedure code 4525 (Clinic Treatment) that are associated with NYS PROS services will not have the option to be deleted.

7. If all invoices in the batch have been edited or selected for deletion as needed, continue with step **8**.

If other invoices in the batch need to be edited or deleted and are not currently displayed on the data entry page, click **Next # Invoices**. The changes made to the first ten invoices (if any) are saved, any deleted invoices are removed from the batch, and the next ten invoices are displayed in data entry mode. Repeat steps 6 and 7 as needed until all changes are complete, and then continue with step **8**.

*A **Prev # Invoices** button is also available at the bottom of the editing page, which re-opens the previous ten invoices in data entry mode.*

8. If necessary, an invoice may be added to the batch at this time. To do so, click **Add Invoice**. The *Add Invoice* page is displayed.

If it is not necessary to add an invoice, skip ahead to step **16**.

9. Click the **Program** drop-down arrow and select the program associated with the consumer for whom a new invoice is to be added.

10. If the invoice to be added is for a former (discharged) consumer, click the **Roster Archives** check box.

11. Click **CONTINUE**. The *Add Invoice* consumer selection page is displayed.

12. Click the **Consumer** drop-down arrow and select the consumer for whom the invoice is being added.

13. Click **CONTINUE**. An invoice number is assigned by the system, and the *Edit Billings – Add Invoice Number* page is displayed.

14. Enter values in the invoice fields on this page as necessary, including **Invoice Date, Diagnosis, Service Date, Procedure, Amount**, and **NPI** (if applicable).

15. Click **Add This Invoice**. The invoice is added and the batch is re-displayed in data entry mode with the newly added invoice shown at the end of the invoices list. (You may have to click the **Next # Invoices** button several times in order to see the new invoice, depending on how many invoices are in the batch.)

When an invoice is manually added to a batch in this way, AWARDS does NOT apply the billing rules to verify that billable services have been documented.

16. Click **Save**. The updated batch information is saved, any deleted invoices are removed from the batch, and the *Edit Billings* page is re-displayed

The process of editing an invoice batch is now complete.

DELETING AN INVOICE BATCH

To delete an ENTIRE invoice batch, complete the following steps:

To instead delete a single invoice from a batch, follow the instructions under "Editing an Invoice Batch" on page 8.

1. From the AWARDS *Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Edit Invoice Batch**. The *Edit Billings* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch to be deleted.
5. Click **Delete**. A confirmation pop-up message is displayed asking you to confirm the deletion.
6. Click **OK** to proceed with the deletion. The *Edit Billings* page is re-displayed and the deleted batch is no longer included in the list of batches.

Once an entire batch is deleted, it can be restored by regenerating the batch; however, information may be changed in the new batch depending on new services provided for clients in the given month.

The process of deleting an entire invoice batch is now complete.

*An entire invoice batch can also be deleted by clicking **Update** instead of **Delete** in step 5, and then clicking **Delete Entire Batch** on the page that follows.*

POSTING INVOICES TO ACCOUNTS RECEIVABLE

Posting invoices to Accounts Receivable in AWARDS locks them from further editing and indicates to AWARDS that remittance information is expected. To post an invoice batch to Accounts Receivable, complete the following steps:

1. From the AWARDS *Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Post Billings to A/R**. The *Post Billings to A/R* page is displayed.

4. Click the **Batch Number** drop-down arrow and select the batch to be posted.
5. Click the **Fiscal Period** drop-down arrow and select the period to which the invoices are to be posted.
6. Click **CONTINUE**. The *Post Billings to A/R* page is displayed, asking you to confirm the posting.
7. Click the **Confirm Batch Posting?** drop-down arrow and select "Yes."

IMPORTANT! *Posting to Accounts Receivable can be reversed by AWARDS users. If an invoice batch does not have remittance information uploaded into AWARDS and no payments or adjustments have been posted to invoices within the batch, the batch can be unposted.*

8. Click **CONTINUE**. The *Post Billings to A/R* page is refreshed and displays a message confirming the post.

The process of posting invoices to Accounts Receivable is now complete.

WORKING WITH INSURANCE CLAIMS

Invoice batches must be converted to a HIPAA-compliant format to submit to most payers. Generally, payers will accept either an 837 electronic claim file, UB-04 or a HCFA paper claim form. Creation of claims in these formats are detailed in the sub-sections that follow.

- [Generating an 837 Claim File – Page 12](#)
- [Generating a HCFA Paper Claim Form – Page 13](#)
- [Generating a UB-04 Paper Claim Form – Page 14](#)
- [Unposting an Invoice Batch – Page 15](#)

GENERATING AN 837 CLAIM FILE

To generate an 837 electronic claim file, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Create Insurance Claims**. The *Create Insurance Claim File* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch for which a claim file is to be generated.

*Please note, only invoice batches that have been posted to A/R are included in this drop-down. If you are an agency involved in payer testing, click the **Test File** check box (to the right of the Create HIPAA 837 Claim File button) to allow for claim files to be created for unposted batches.*

5. Select the **5010 version in effect as of 01/01/2012** radio button.

The 5010 requires the Provider NPI, so this field must be entered for the program as a provider and any practitioner. The program NPI is assigned during the billing configuration process within the Billing Menu > Program Billing Info feature. Agency staff practitioners are assigned NPIs within the Human Resources > Credentialing feature. Authorizing physicians/psychiatrists for NYS OMH CR billing are assigned NPIs within the Support Services Providers section of the face sheet (or within the Medical > Providers feature).

When the payer is Medicaid or Medicare, the 5010 requires the Agency Tax ID, which can be entered when creating or updating program groups using the Program Groups feature, and also on the Agency Program Information feature under System Setup > Agency Program Information > Add/Edit Entire Program.

Every procedure must have a HCPCS/CPT Code entered within the Billing Menu > Billing Rates feature.

6. Click **Create HIPAA 837 Claim File**. The *Create Insurance Claim File/Print Paper Invoices* page is displayed.
7. Right-click the **Right Click here and Save Target As for Claim File Download** link and select "Save Target As..." A save file dialog box is displayed.
8. Save the claim file to your PC or other location of your choice, outside of the AWARDS system. The file will be formatted correctly for submission to any payer that accepts a HIPAA-compliant electronic claim file.

The process of generating an 837 claim file is now complete.

GENERATING A HCFA PAPER CLAIM FORM

To generate a HCFA paper claim form, complete the following steps:

1. From the AWARDS *Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Create Insurance Claims**. The *Create Insurance Claim File* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch for which a claim file is to be generated.

*Please note, only invoice batches that have been posted to A/R are included in this drop-down. If you are an agency involved in payer testing, click the **Test File** check box (to the right of the Create HIPAA 837 Claim File button) to allow for claim files to be created for unposted batches.*

5. Within the HCFA-1500 section, select either the **Old format** or **New format 04/01/2014** radio button. Selecting the old format will use the 08/05 HCFA 1500 version. Selecting the new format will use the 02/12 HCFA 1500 version.
6. Check the **Do not print the provider name and credentials in Box 31** check box to omit the name and credentials of the rendering provider in box 31 of the HCFA-1500 printable form.
7. Click **HCFA-1500 printable form**. The *Data entry for HCFA printable form* page is displayed. This page lists - in data entry mode - the HCFA forms for the invoices contained in the selected batch.

One HCFA form is generated per invoice in the batch. For example, if there are 30 invoices in the batch, 30 forms are displayed on this page.

17. Enter or update information on the forms as necessary. AWARDS will have pre-populated the forms with any information available from the client's chart records, including the client's name, date of birth, gender, and insurance ID number. The date of service, procedure code, diagnosis code, and rate for the procedure being billed will also have been filled in automatically.

Any information manually entered on the HCFA form is NOT saved in AWARDS once you return to the Billing Menu page.

18. At the bottom of the page, select the **Data Only** check box if you are using an actual CMS HCFA 150 claim form when printing. This will just print the form data and not the form columns and labels.
19. Once any needed updates are complete, click **1500 Printable Form** on the bottom of the page. The forms are displayed in a printer-friendly format.
20. Use your browser's Print option to print the invoices.

Page breaks are automatically inserted between each invoice when printing.

21. Click the browser's **Back** button to return to the *Data entry for HCFA printable form* page.
22. Click one of the navigation buttons that appear on the bottom of the page, to navigate away from the claim file, such as **BillingBuilder** or **Opening Menu**.

The process of generating a HCFA paper claim form is now complete.

GENERATING A UB-04 PAPER CLAIM FORM

To generate a UB-04 paper claim form, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Create Insurance Claims**. The *Create Insurance Claim File* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch for which a claim file is to be generated.

*Please note, only invoice batches that have been posted to A/R are included in this drop-down. If you are an agency involved in payer testing, click the **Test File** check box (to the right of the *Create HIPAA 837 Claim File* button) to allow for claim files to be created for unposted batches.*

5. Click **UB-04 printable form**. The *Data entry for UB-04 printable form* page is displayed. This page lists - in data entry mode - the UB-04 forms for the invoices contained in the selected batch.

One form is generated per invoice in the batch. For example, if there are 30 invoices in the batch, 30 forms are displayed on this page.

6. Enter or update information on the forms as necessary. AWARDS will have pre-populated the forms with any information available from the client's chart records, including the client's name, date of birth, gender, and insurance ID number. The date of service, procedure code, diagnosis code, and rate for the procedure being billed will also have been filled in automatically.

*Any information manually entered on the UB-04 form is NOT saved in AWARDS once you return to the *Billing Menu* page.*

7. Once any needed updates are complete, click **UB-04 Printable Form** on the bottom of the page. The forms are displayed in a printer-friendly format.
8. Use your browser's Print option to print the invoices.

Page breaks are automatically inserted between each invoice when printing.

9. Click the browser's **Back** button to return to the *Data entry for UB-04 printable form* page.
10. Click one of the navigation buttons that appear on the bottom of the page, to navigate away from the claim file, such as **BillingBuilder** or **Opening Menu**.

The process of generating a UB-04 paper claim form is now complete.

UNPOSTING AN INVOICE BATCH

WARNING! *Only invoice batches that do not have remittance information unloaded into AWARDS and/or payment and adjustments applied to invoices can be unposted. In addition, when a futures batch (Generate Previously Ineligible Batch, Generate Claim Denials Re-Billing Batch, Generate COB Remainders Re-Billing Batch, Generate Denials and Remainders Re-Billing Batch, and Generate All Futures Batch) has been posted to A/R, it cannot be unposted.*

To unpost an invoice batch, complete the following steps:

1. From the AWARDS Opening Menu page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Create Insurance Claims**. The *Create Insurance Claim File* page is displayed.
4. Click the **Batch Number** drop-down arrow and select the batch to be unposted.

Please note, only invoice batches that have been posted to A/R will appear in this drop-down. If you are an agency involved in payer testing, click the Test File check box (to the right of the Create HIPAA 837 Claim File button) to allow for claim files to be created for unposted batches.

5. Click **UNPOST BATCH**. A confirmation page is displayed, confirming the batch has been unposted.

The process of unposting an invoice batch is now complete.

SUBMITTING CLAIMS

This step of the billing process is completed outside of the AWARDS system. If the payer you are submitting the claim file to accepts electronic claim files, make arrangements to upload files directly to them. You may need a login or other clearance to do so.

WORKING WITH RESPONSE FILES

If you have submitted an electronic claim file, the payer may provide you with an electronic response (called the 997 file) that lists the status of the claim. When you receive this file from the payer, you can upload it into AWARDS and view the results. Both the upload and the reading processes are described in detail in the sub-sections that follow.

- [Uploading a Response File – Page 16](#)
- [Reading a Response File – Page 16](#)

UPLOADING A RESPONSE FILE

To upload a response file into AWARDS, complete the following steps:

1. Save the electronic response file to a location on your PC, or to an external hard drive, CD, or DVD as appropriate.
2. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
3. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
4. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed.
5. Click **Remittance/Response Files**. The *Remittance/Response Information* page is displayed.
6. Click **Upload Remittance/Response File**. The *Upload Remittance/Response Information* page is displayed.
7. Click the **Browse** button to open the *File Upload* dialog box on your computer.
8. Locate the response file you have saved and double click it. The file's path is then displayed in the **Browse or type in the name of the file to upload** field.
9. Click **CONTINUE** to upload the file into AWARDS.

The process of uploading a response file into AWARDS is now complete.

READING A RESPONSE FILE

To read an uploaded response file within AWARDS, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed.
4. Click **Remittance/Response Files**. The *Remittance/Response Information* page is displayed.
5. Click **Read Remittance/Response File**. The *Read Remittance/Response Information* page is displayed. This page contains a list of all previously uploaded response and remittance files.
6. Click the radio button next to the file to be read.
7. Click **CONTINUE**. The *Remittance/Response Information* page is displayed, containing the response file information for you to read.

The process of reading an electronic response file is now complete.

If the response file indicates that the claim file has been ACCEPTED and will be processed by the payer, proceed to the next billing processing step, "Step 7: Posting Invoices to Accounts Receivable."

If the response file indicates that the claim file has been REJECTED, contact the Foothold Help Desk for assistance before proceeding. In the message, please include the name of the response file and the invoice batch number(s) in question. The Help Desk will provide you with instructions to troubleshoot and make corrections to the claim file.

WORKING WITH REMITTANCE INFORMATION

If you are billing electronically, you should receive an electronic remittance data file, called an 835 file. If so, you can upload and read the remittance data file in AWARDS. If you are doing paper billing, you will receive remittance results on paper. The remittance data file will detail the status of each invoice, whether it has been paid, denied or pending. Both the upload and the reading processes are described in detail in the sub-sections that follow.

- [Uploading an Electronic Remittance File – Page 17](#)
- [Reading an Electronic Remittance File – Page 17](#)

UPLOADING AN ELECTRONIC REMITTANCE FILE

To upload an electronic remittance file, complete the following steps:

1. Save the response electronic remittance file to a location on your PC, or to an external hard drive, CD, or DVD as appropriate.
2. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
3. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
4. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed.
5. Click **Remittance/Response Files**. The *Remittance/Response Information* page is displayed.
6. Click **Upload Remittance/Response File**. The *Upload Remittance/Response Information* page is displayed.
7. Click the **Browse** button to open the *File Upload* dialog box.
8. Locate the remittance file you have saved, and double click it. The file's path is then displayed in the **Browse or type in the name of the file to upload** field.
9. Click **CONTINUE** to upload the file into AWARDS.

The process of uploading a remittance file into AWARDS is now complete.

READING AN ELECTRONIC REMITTANCE FILE

To read an uploaded remittance file within AWARDS, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.

3. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed.
4. Click **Remittance/Response Files**. The *Remittance/Response Information* page is displayed.
5. Click **Read Remittance/Response File**. The *Read Remittance/Response Information* page is displayed. This page contains a list of all previously uploaded response and remittance files.
6. Click the radio button next to the file to be read.
7. Click **CONTINUE**. The *Remittance/Response Information* page is displayed.

This page contains the remittance file information for you to read. Each invoice record is displayed with a status of paid, denied, or pending.

The following columns are included in this table:

- **Invoice (# Batch)** – The Invoice ID automatically generated by AWARDS and the AWARDS batch with which the invoice is associated.

Remittance/Response Information

Payer:	Oxford
Payer Department:	Payer Street Address
Payer Location:	Payer Department
Payer City, State Zip:	Payer City, NY 122370080

	Invoice (#Batch)	Status	Claim	Paid	CIN	Name	Dates	TCN Claim Control #	Adjustments	Adjustment Reason
1.	00002220 (#000478)	1=Processed as Primary	38.50	38.50	RB77672W	Client, Oxford	03/20/2012-03/20/2012	1133300079882020		
2.	00002221 (#000478)	1=Processed as Primary	38.50	38.50	YY99197A	Client, Oxford	03/21/2012-03/21/2012	1133300079882420		
3.	00002222 (#000478)	1=Processed as Primary	38.50	20.00	RX36267J	Client, Oxford	03/24/2012-03/24/2012	1133300079882520	18.50	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement,;
4.	00002223 (#000478)	4=Denied	38.50	0.00	SAS1909Q	Client, Oxford	03/28/2012-03/28/2012	1133300079884320	38.50	Expenses incurred after coverage terminated;
5.	00002224 (#000478)	4=Denied	38.50	0.00	SW94978Y	Client, Oxford	11/15/2011-11/15/2011	1134300061854020	38.50	Expenses incurred after coverage terminated;

Status	Claimed	Paid
1	\$115.50	\$97.00
4	\$77.00	\$0.00
TOTAL	\$192.50	\$97.00

[Excel File](#)

[BillingBuilder](#) | [Fiscal/Program Menu](#)
[Jump Back](#) | [Opening Menu](#) | [Help Menu](#) | [Log Out](#)

Use the batch id provided under the "Invoice" column to determine which batches need to be included when creating your worksheet to post payments and adjustments. This will minimize the number of claims associated with the worksheet and save time with processing.

- **Status** – Lists whether the invoice has been paid or rejected by the payer.
- **Claim** - The amount invoiced to the payer.
- **CIN** - The client's Insurance ID, as recorded in the Entitlements module.
- **Name** – The client's full name.
- **Dates** – The date range of services billed under the invoice.
- **TCN Claim Control Number** – The unique claim ID assigned by the payer once the payer has received the invoice.
- **Adjustments** – The monetary amount of adjustments supplied by the payer.
- **Adjustment Reason** – The standard HIPAA reason for the adjustment supplied.

If the **Create Remittance Worksheet for Fiscal Period Begin Date** button and **Fiscal Period** drop-down are not shown at the bottom of this report, AWARDS will provide an informative message indicating why they are not available instead. This message appears at the bottom of the page in place of the button and drop-down.

The process of reading an electronic remittance file is now complete.

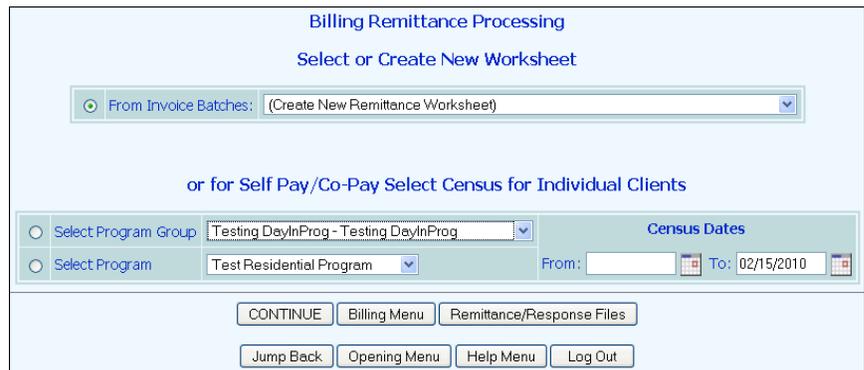
CREATING, POSTING AND VIEWING A REMITTANCE WORKSHEET

After you receive a remittance data file in electronic or paper format, you should next create a remittance worksheet and post it. Posting a remittance worksheet will communicate to AWARDS the status of each invoice; whether it has been paid, is pending, needs to be rebilled, or has to be voided.

Rebilled invoices are recorded as future billing records for which invoices can be generated later.

To create (update or view) a remittance worksheet, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed. 
4. Verify that the **From Invoice Batches** radio button is selected.
5. If needed, click **Show Posted Worksheets** to expand the worksheet drop-down to include worksheets that have been posted and locked, in addition to worksheets that have been created but not posted.
6. Click the **From Invoice Batches** drop-down arrow and make a selection based on whether you are working with an existing worksheet or will be creating a new one:
 - **To create a new worksheet** – Select “(Create New Remittance Worksheet)” and then continue with step 7.
 - **To update an existing worksheet** – Select the worksheet to be updated and then continue with step 11.
 - **To view a posted worksheet** – Select the worksheet to be viewed and click CONTINUE. The worksheet is displayed in read-only format. The process of viewing the worksheet is now complete.



7. Click **CONTINUE**. The *Billing Remittance Processing* page is displayed. →

8. Configure the fields and options on this page as follows:

The screenshot shows the 'Billing Remittance Processing' interface with the following fields and options:

- Billing Payer:** A dropdown menu set to 'Aetna'.
- Billing Group:** A dropdown menu set to 'Aetna - Aetna'.
- Starting Batch Creation Date:** A date field set to '03/16/2015'.
- Ending Batch Creation Date:** A date field set to '03/30/2015'.
- Fiscal Period-Begin Date:** A dropdown menu set to '03/01/2015'.
- Adjudication / Payment / Transaction Date (if no 835 information)*:** An empty date field.

At the bottom of the form, there are two rows of buttons:

Row 1: CONTINUE, BillingBuilder, Fiscal/Program Menu

Row 2: Jump Back, Opening Menu, Help Menu, Log Out

- **Billing Payer** – Click this drop-down arrow and select the payer for which the worksheet is to be created.
- **Billing Group** – Click this drop-down arrow and select the billing group for which the worksheet is to be created.
- **Starting Batch Creation Date** and **Ending Batch Creation Date** – In these fields, enter the worksheet start and end dates. The values entered here specify the range of dates when the invoice batch you are creating the worksheet for was posted to A/R. AWARDS looks for any posted batches within that timeframe, and makes them available for selection on the next page.
- **Fiscal Period-Begin Date** – Click this drop-down arrow and select the fiscal period to post the worksheet to.
- **Adjudication/Payment/Transaction Date (if no 835 information)** – In this field, enter the date associated with the payments/adjustments that are going to be posted in the remittance worksheet.

This date will be assigned as the transaction date for all payment and adjustment transactions where electronic 835 remittance information is not found. If electronic 835 remittance data is found, the adjudication date will be assigned as the transaction date.

As filter selections are made, some important messages could be displayed regarding the batches shown:

- **Batch numbers listed without check boxes** – This indicates that the batch is currently part of an open/unposted worksheet.
- **Batch numbers listed in red** – This indicates that there is currently no 835 remittance information present in AWARDS for any invoices in the batch. Selecting these batches will include invoices in your remittance worksheet that are not ready to be posted if your agency uploads 835 remittance files to process payments.

9. Click **CONTINUE**. The *Billing Remittance Processing* page is displayed.

10. In the **Invoice Batch #** column, click the check box next to each invoice batch to be included in the worksheet. (More than one batch can be included in a worksheet.)

11. Click **CONTINUE**. The *Billing Remittance Processing Worksheet* page is displayed. →

AWARDS automatically assigns a status of "Paid" to all invoices on this worksheet that have been paid according to the remittance data file or if no remittance information has been read for that invoice. All invoices where the remittance advice indicates they were not paid appear in red with a blank status.

The **Set All Invoices on this page to: Paid / Pend / Re-bill / Void** links allow you to set all invoices on the page to one of these settings with a single click. If the remittance worksheet being working on is more than one page, this process would need to be repeated for each page.

If the billing type for the batch is set to allow multi-line invoices and more than one service has been provided in a day, you will see each service as a line in the invoice batch. Multiple lines in the same invoice will be numbered in parentheses.

12. For each invoice listed on the worksheet in red, click the **Paid/Re-bill/Void** drop-down arrow and choose one of the following status selections:

Paid	Pend	Re-bill	Void
------	------	---------	------

Use the information contained in the payer's remittance data file to help you make this choice, keeping in mind that:

- If a status of "Pend" is selected, AWARDS leaves the invoice open, and it can be included in another worksheet in the future.
- If a status of "Re-bill" is selected, AWARDS generates a new invoice for the client when a re-billing batch is generated.

*To generate a re-billing batch, use the Billing Menu's Generate Invoice Batch feature and select "Generate Re-billing Batch" from the **Billing Action** drop-down list.*

- If a status of "Void" is selected, the invoice is voided and appears as an adjustment in A/R Reports available in the A/R Menu feature in AWARDS.
- If partial payment has been made for an invoice, the "Paid" status should be selected and the partial payment amount entered. The remaining balance may then be assigned to a different payer or voided. To assign the remainder, click the corresponding **If Remainder, assign to** drop-down arrow and select the entitlement to which the balance should be assigned. This selection list contains the entitlements for the client as specified in the client's insurance information within the Entitlements module. You may also select "Void" from this list.

13. When the information on the worksheet has been updated, complete one of these tasks as appropriate:

- **Save the worksheet** – To do so, click **Update Totals**. The changes you made to the worksheet are saved. You can return to the worksheet at a later time to continue making updates, as it will not yet be posted.

The page remains open in data entry mode, but if you navigate away from the page after clicking Update Totals your work is saved.

- **Delete the worksheet** – To do so, click **Delete Worksheet**. Click **OK** on the pop-up message that follows to proceed with the deletion. A confirmation page stating that the worksheet has been deleted is displayed.
- **Post the worksheet** – To do so, click **Post Worksheet**. Click **OK** on the pop-up message that follows to proceed with the posting. A confirmation page stating that the worksheet has been posted is displayed.

IMPORTANT! *Posting a worksheet communicates to AWARDS the statuses of the invoices contained in the worksheet. Once a worksheet is posted, information can no longer be updated within the worksheet.*

The process of creating and posting a remittance worksheet is now complete.

WORKING WITH REVERSALS AND ADJUSTMENTS

After batches have been posted, invoices can no longer be edited. Sometimes, however, there will be a need to reverse or adjust a payment once it has been posted. This can be done directly in AWARDS by looking up the TCN Claim Control Number and invoice information, adding the reversed or adjusted invoices to a new or existing batch and then creating another claim file,

To submit a Reversal or Adjustment, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **BillingBuilder**. The *BillingBuilder Menu* page is displayed.
3. Click **Remittances/Responses**. The *Billing Remittance Processing* page is displayed. 
4. Click **Remittance/Response Files**. The *Remittance/Response Information* page is displayed.
5. Click **Read Remittance/Response File**. The *Read Remittance/Response Information* page is displayed.
6. In the **Select the File to Read** table, click the radio button next to the file containing the invoice to be reversed or adjusted.



7. Click **CONTINUE**. The *Remittance/Response Information* page is displayed. This page contains a table of invoice information, including the invoice number and TCN Claim Control Number.

	Invoice	Status	Claim	Paid	CIN	Name	Dates	TCN Claim Control #	Adjustments	Adjustment Reason
1.	00082258	1=Processed as Primary	125.00	149.81			10/04/2010-10/04/2010	1030000011426420		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement;

8. Locate the invoice to be reversed or adjusted on the table, and note the Invoice and TCN Claim Control # as you will need to enter these in later steps.
9. From the bottom of this page, click **Billing Menu**. The *Billing Menu* page is displayed.
10. Click **Edit Invoice Batch**. The *Edit Billings* page is displayed.
11. Click **Show Posted Batches** so that the corresponding drop-down list expands to include posted batches.
12. Click the **Batch Number** drop-down arrow and select the batch that contains the original invoice.
13. Click **View**. The details of the batch are displayed in a read-only table.
14. Locate the specific invoice to be reversed or adjusted, and note the Diagnosis, Service Date, Procedure Code, NPI, Service Units and Amount, as you will need to use this information in later steps.
15. From the bottom of this page, click **Billing Menu**. The *Billing Menu* page is displayed.
16. Click **Edit Invoice Batch**. The *Edit Billings* page is displayed.
17. Click the **Batch Number** drop-down arrow and select any invoice batch that is ready to be submitted. This is the batch in which the reversed or adjusted invoices will be added.

Alternatively, you can also create a new, empty batch in which to add the reversed or adjusted invoices. To use this method, first create an empty batch using the procedure outlined in "Step 2: Generating Invoices" on page 5. Select "Generate Empty Batch" from the Billing Action drop-down list in step 7 of the procedure. Once the empty batch is created, select that batch to use in this step, and proceed with step 18.

18. Click **Update**. The details of the batch are displayed in a data entry table.
19. Click **Add Invoice**. The *Add Invoice* page is displayed.
20. Click the **Program** drop-down arrow and select the program associated with the consumer for whom the reversal or adjustment is being made.
21. If the reversal or adjustment is for a former (discharged) consumer, click the **Roster Archives** check box.
22. Click **CONTINUE**. The *Add Invoice* page is displayed.
23. Click the **Consumer** drop-down arrow and select the consumer for whom the reversal or adjustment is being made.

24. Click **CONTINUE**. The *Edit Billings – Add Invoice Number* page is displayed, containing a data entry table. →

Invoice Line	Diagnosis	Service Date	Procedure	NPI	Svc Units	Amount	Void/Adjust	TCN Claim Control #
1								

25. Complete the fields on the table as appropriate, using the data collected in previous steps. All fields are required: **Diagnosis, Service Date, Procedure, NPI, Svc Units, Amount, Void/Adjust** (drop-down list containing "Void" and "Adjustment") and **TCN Claim Control #**.

If a reversal (or "void") is being processed, the Amount entered should be the same amount that was on the original invoice. If an adjustment is being processed, the Amount entered should be the new amount to appear on the invoice.

26. Once all of the necessary information has been entered, click **ADD THIS INVOICE**. The details of the batch are displayed once again in a data entry table, with the newly added invoice included.

27. Click **Save** to save the invoice to the batch and return to the *Edit Billings* page is displayed.

Click **Add Invoice** to continue adding invoices for additional reversals or adjustments, repeating steps 20-27 as necessary.

28. Once all invoice batches have been edited as necessary, create an insurance claim file and submit the file to your payer as described in "Step 4: Creating Insurance Claims" on page 12. The new claim file will contain the information for the reversal and adjustments.

The process of working with reversals and adjustments is now complete.

FREQUENTLY ASKED QUESTIONS

The following frequently asked questions regarding BillingBuilder processing can be a useful reference when you have your own questions about the functionality.

HOW DO I TROUBLESHOOT A CLAIM FILE IF I RECEIVE A RESPONSE FILE THAT INDICATES THE CLAIM HAS BEEN REJECTED?

Once a 997 response file is uploaded, you will need to review the file to identify any errors that need attention. First find the original claim file whose submission resulted in receipt of the response file, and then parse that claim file so that you can identify the lines in it, which have errors.

To parse a claim file, complete the following steps:

1. Locate the claim file in the location to which you previously saved it - on your computer or in an external data location such as an external hard drive, CD, or DVD.
2. Open the file as a Word Document.
3. Press **<Ctrl-F>** to open the *Find and Replace* dialog box.
4. Click the **Replace** tab.

5. In the **Find what** field, enter a tilde (~).
6. In the **Replace with** field, enter a tilde (~) followed by a manual line break symbol. (Manual line breaks are entered by clicking **More** on this dialog box, followed by **Special**, and then selecting "Manual Line Break.") The resulting entry appears as ~^|.
7. Click **Replace All**. The claim file is parsed.
8. Insert line numbers into the document. When using Word 2007, this can be done by clicking the **Page Layout** tab, and then clicking **Line Numbers** and selecting "Continuous." Otherwise, you can cut and paste the entire document into a Microsoft Excel file so that the lines can be counted there.
9. Remove the first three lines (which contain header information), and then go to the lines specified in the 997 file to view the data elements in question.
10. After identifying the lines with errors, make corrections to the billing setup or clinical documentation as necessary, and then create a new claim file using the original invoice batch.

The process of parsing and troubleshooting a claim file is now complete.

I UPLOADED MY 835 REMITTANCE STATEMENT AND THEN CREATED A REMITTANCE WORKSHEET, BUT IT DOES NOT SHOW THE SAME STATUSES ON THE INVOICES AS IN THE 835. WHY?

If you only upload the 835, but do not read it before creating a remittance worksheet, the worksheet will not recognize that an 835 is present. If you did just upload the 835, delete the worksheet, make sure to read the 835, and then create a new worksheet.

WHEN USING THE RE-BILL SETTING, HOW DO THE MONTH AND YEAR SELECTIONS AFFECT THE INVOICES THAT ARE GENERATED?

When you generate a re-bill batch, AWARDS looks at the Month/Year selected to see what procedures to look for to re-bill. If you are re-billing for procedures that have an end date in the past, you may have to adjust these settings, since they default to the previous month of the current year.

WHY DOES A BATCH I POSTED A REMITTANCE WORKSHEET FOR STILL DISPLAY UNDER OPEN BATCHES WHEN I ATTEMPT TO REMIT OTHER BATCHES?

Batches continue to appear under open batches in the remittance worksheet area if there are any pending payments or partial payments outstanding in the posted remittance worksheet. If you no longer want the batch to display, change the status of the pending invoices and partial payments, for example to paid, void, or re-bill.

WHY IS THE BILLING SERVICES REPORT NOT SHOWING ALL OF MY POSTED INVOICES AND PAYMENTS?

The Billing Services Report will only be accurate if there are no "scratch" batches under BillingBuilder > Edit Invoice Batch. If there are any that aren't posted, delete them and the report will work correctly.