

Process for Centralized Billing of Insurance

1. FOLLOW STATE SIGN OFF REQUIREMENTS THROUGH SPIDER
2. UPDATE SPIDER WITH ANY CHANGES/CORRECTIONS IN INFORMATION – Insurance Carrier, ID, Date of Birth, etc
3. RECEIVE AND TRACK INSURANCE PAYMENTS
4. SEND EOB/REMITANCE INFORMATION TO THE BIRTH TO THREE BILLING OFFICE (BPS)
5. DOWNLOAD MONTHLY INSURANCE REPORT FROM SPIDER
6. ALIGN MONTHLY INSURANCE PAYMENTS WITH APPLIED PAYMENT REPORT TOOL

Process for Centralized Billing of Insurance

Monthly Report

Monthly reports for the centralized billing will be accessed via Spider. Using the report option “Insurance Report” in spider all programs will have live access to the billing data.

The system will allow each program to select and deselect payments in order to align against their own receivables reports.

**Until the Spider connection has been finalized the centralized billing office will manually send the reports to each program via secure email portal.



Applied Payments Screen

When the programs run their report for the month they will start with the applied payments screen. The screen will default all payments posted in the system to be reported on that month's final report. Because of the timing between the receipt of payments and the posting into the system programs will be able to select payments that can be deferred until next month's report. Payments can only be deferred once.

This tool is designed to allow the programs to simply align their insurance payments with the Birth to Three Billing Office Reports.



Applied Payments Screen

Apply Payments - Microsoft Internet Explorer provided by Summit Technologies Inc.

http://localhost:54766/BT3InsuranceBilling/ApplyPayments.aspx

Apply Payments

Payments Deferred from Previous Month

Payment Date	Payment Amount	Check Number	Insurance Company	Patient	Attend Date	Attend Location	Code	Modifier	Charges	Units
11/14/2010	\$115.28		CONNECTICARE	Doe, Jane	10/26/2010	12	H2015	GP	\$115.28	4
11/14/2010	\$144.10		CONNECTICARE	Doe, Jane	10/18/2010	12	H2015	GO	\$144.10	5
11/14/2010	\$115.28		CONNECTICARE	Doe, Jane	10/7/2010	12	H2015	GN	\$115.28	4
11/14/2010	\$115.28		CONNECTICARE	Doe, Jane	10/20/2010	12	H2015	GP	\$115.28	4
11/14/2010	\$115.28		UNITED HEALTH CARE	Doe, Jane	10/27/2010	12	H2015	HN	\$115.28	4
11/14/2010	\$115.28		UNITED HEALTH CARE	Doe, Jane	10/26/2010	12	H2015	GP	\$115.28	4
11/14/2010	\$144.10		UNITED HEALTH CARE	Doe, Jane	10/21/2010	12	H2015	GP	\$144.10	5
11/14/2010	\$115.28		UNITED HEALTH CARE	Doe, Jane	10/19/2010	12	H2015	GN	\$115.28	4

1 2

Select this month's payments to Apply

	Payment Date	Payment Amount	Check Number	PNameGeneric	Insurance Company	Patient	Attend Date	Attend Location	Code	Modifier	Charges	Units
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/4/2010	12	H2015	HN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/13/2010	12	H2015	GN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/18/2010	12	H2015	HN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/27/2010	12	H2015	GN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, John	UNITED HEALTH CARE	Doe, John	10/12/2010	12	H2015	GP	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, John	UNITED HEALTH CARE	Doe, John	10/19/2010	12	H2015	GP	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, John	CIGNA	Doe, John	10/15/2010	12	H2015	HN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, John	CIGNA	Doe, John	10/25/2010	12	H2015	GN	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/6/2010	12	H2015	GO	\$115.28	4
Select <input type="checkbox"/>	12/3/2010	\$144.10		Doe, Jane	ANTHEM BLUE CROSS/BLUE SHIELD	Doe, Jane	10/19/2010	12	H2015	GO	\$144.10	5

1 2 3 4 5 6 7 8 9 10 ...

View Sample Report Generate Final Report

Local intranet | Protected Mode: Off

Done

Apply P... BT3 BT3Ins... Inbox - ... BT3 Re... FW: Joi... RE: Ern... Micros... Report ... Micros... Sample... Desktop 11:48 PM

Payment Deferred from last month. Can not defer again.

Current Payments not yet reported.



Applied Payments Screen

Select this month's payments to Apply

		<u>Payment Date</u>	<u>Payment Amount</u>	<u>Check Number</u>	<u>PNameGeneric</u>	<u>Insurance</u>
<u>Select</u>	<input checked="" type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BL CROSS/BLUE
<u>Select</u>	<input checked="" type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BL CROSS/BLUE
<u>Select</u>	<input checked="" type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BL CROSS/BLUE
<u>Select</u>	<input checked="" type="checkbox"/>	12/3/2010	\$115.28		Doe, Jane	ANTHEM BL CROSS/BLUE



Uncheck those payment records that do not align with the payments you want to report on for the month.

Report Options

Submissions.rdl [Design] MonthlyProgramIns...sits.rdl [Design]* Start Page

Primary Grouping: None Secondary Grouping: None View Report

Sort By: Child (selected), Child, Insurance Company, Attendance Date, Payment Date

100% Find | Next

Sample Program
Monthly Insurance Deposit Report for December 2010

Check Number	Checks	Cash	Credit Card	Electronic	Total
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Totals for Sample Program:

Submissions.rdl [Design] MonthlyProgramIns...sits.rdl [Design]* Start Page

Primary Grouping: None Secondary Grouping: None (selected) View Report

Sort By: Child

1 of 1 Find | Next

Sample Program
Monthly Insurance Deposit Report for December 2010

Check Number	Checks	Cash	Credit Card	Electronic	Total
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Totals for Sample Program:

Monthly Report

Sample Program

Monthly Insurance Billing Report for December 2010

Claims submitted for October 2010 visits. Payments received in November 2010.

Child	Count	T or S	Session Count	Billed Amount	Received Amount	Received Percent	Write-Off Amount	Write-Off Percent	Balance Amount
AETNA/US HEALTH CARE									
SAMPLE, CHILD	1	S	5	\$576.40	\$0.00	0%	\$0.00	0%	\$576.40
SAMPLE, CHILD	1	S	6	\$691.68	\$0.00	0%	\$0.00	0%	\$691.68
SAMPLE, CHILD	1	S	5	\$576.40	\$0.00	0%	\$0.00	0%	\$576.40
SAMPLE, CHILD	1	S	4	\$461.12	\$0.00	0%	\$0.00	0%	\$461.12
SAMPLE, CHILD	1	S	1	\$86.46	\$0.00	0%	\$0.00	0%	\$86.46
SAMPLE, CHILD	1	S	1	\$86.46	\$0.00	0%	\$0.00	0%	\$86.46
Totals for AETNA/US HEALTH CARE:	6		22	\$2,478.52	\$0.00	0%	\$0.00	0%	\$2,478.52
ANTHEM BLUE CROSS/BLUE SHIELD									
SAMPLE CHILD	1	S	2	\$230.56	\$0.00	0%	\$0.00	0%	\$230.56
SAMPLE CHILD	1	S	7	\$806.96	\$0.00	0%	\$0.00	0%	\$806.96
SAMPLE CHILD	1	S	3	\$345.84	\$0.00	0%	\$0.00	0%	\$345.84
SAMPLE CHILD	1	S	5	\$518.76	\$0.00	0%	\$0.00	0%	\$518.76
SAMPLE CHILD	1	S	2	\$230.56	\$0.00	0%	\$0.00	0%	\$230.56
SAMPLE CHILD	1	S	1	\$115.28	\$0.00	0%	\$0.00	0%	\$115.28
SAMPLE CHILD	1	S	4	\$461.12	\$0.00	0%	\$0.00	0%	\$461.12
SAMPLE CHILD	1	S	4	\$461.12	\$0.00	0%	\$0.00	0%	\$461.12
SAMPLE CHILD	1	S	1	\$115.98	\$0.00	0%	\$0.00	0%	\$115.98
SAMPLE CHILD	1	S	1	\$115.98	\$0.00	0%	\$0.00	0%	\$115.98
SAMPLE CHILD	1	S	1	\$77.32	\$0.00	0%	\$0.00	0%	\$77.32
Totals for ANTHEM BLUE CROSS/BLUE SHIELD:	11		31	\$3,479.48	\$0.00	0%	\$0.00	0%	\$3,479.48
CIGNA									
SAMPLE CHILD	1	S	10	\$1,152.80	\$0.00	0%	\$0.00	0%	\$1,152.80
SAMPLE CHILD	1	S	5	\$576.40	\$0.00	0%	\$0.00	0%	\$576.40
SAMPLE CHILD	1	S	5	\$576.40	\$0.00	0%	\$0.00	0%	\$576.40
Totals for CIGNA:	3		20	\$2,305.60	\$0.00	0%	\$0.00	0%	\$2,305.60
Totals for Sample Program:	17		53	\$ 5,958.00	\$ -	0%	\$ -	0%	\$ 5,958.00



General Information

Patients with New Insurance:

- Input the termination date of the previous insurance into Spider (New Field). If you do not have an confirmed date simply use the day before the effective date of the new insurance.
- Input new insurance into SPIDER with effective dates.

Changes or Corrections:

Types of Corrections:

- **Incorrect Session Billed** – Contact BPS Directly so that insurance can be notified of incorrect billing.
- **Missing sessions at sign off** – Add to Spider, no need to contact BPS separately, we will pick up unprocessed attendance during the next run.
- **Incorrect or change in patient info (Date of Birth, Insurance ID, etc)** – Contact BPS Directly

IFSP Processing:

Send all IFSP/EVAL information to BPS to submit to the insurance carriers for authorization. Documents can be send to BPS via Fax, Mail, or Secure Email, or downloaded at www.birth23billing.com .

Contacts

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