

BILLING CYCLES AND CORRECTED CLAIMS GUIDE



CareBridge submits claims to our partners according to specific billing cycles, or periods where all captured visits are rolled into a claim, that may vary depending on provider type, service code type, and state. Each claim generated will aggregate all completed EVV visits (free of all alerts) that have been exported for billing by CareBridge system users or sent to CareBridge with the “ClaimAction” ‘N’ by third-party EVV system users for that billing cycle. There are three types of cycles:

- Daily- Claims are generated at 8pm local time.
- Weekly (Sunday-Saturday)- Claims for the prior billing week are generated at 8pm local time Sunday evening. Claims split across months.
- Monthly- Claims for the prior month are generated on the first day of the month at 8pm local time.

Please note: If a visit that occurred prior to the current billing cycle is exported or sent to CareBridge (with ClaimAction ‘N’) by third-party EVV users, it will be claimed at 8pm local time daily.

Generally, claims for the same billing provider, member, and authorization/service are also rolled up into either single line or multi-line claims:

- Single Line-
 - Daily- All visits for the date of service are rolled into a single line
 - Weekly- All visits for all dates of service are rolled into a single line
- Multi-line-
 - Daily- if there is a grouping criterion, the visits will be grouped into a single claim with multiple lines.
 - Weekly/ Monthly- every visit that occurs on the same date of service will be rolled up into a claim line
 - North Carolina only- ALL visits regardless of date of service will have an individual claim line

If you have specific questions regarding how claims roll up in your market, please contact a payer partner within your respective state.



| STATE | PERSONAL CARE SERVICES | HOME HEALTH |
|--|--|---|
| IOWA Provider Agencies | Daily single line claims | Provider selected (daily, weekly, or monthly) multi-line claims |
| ICDAC (Individual Consumer Directed Attendant Care) | PCS- Weekly single line claims or multi-line claims (depending on payer) | N/A |
| CareBridge does not generate claims for CCO | N/A | N/A |
| NEW JERSEY | Daily single-line claims | Daily multi-line claims |
| ARKANSAS | Daily single line claims | Provider selected (daily, weekly, or monthly) multi-line claims |
| NORTH CAROLINA | Weekly multi-line claims | Weekly multi-line claims |
| WYOMING | Weekly multi-line claims | Weekly multi-line claims |
| TENNESSEE | N/A | Provider selected (daily, weekly, or monthly) multi-line claims |



Changes Made After Claim Generation

If a claim has been generated, and a provider needs to modify/fix/add a previously billed visit for dates of service in a previous billing cycle, please review the following scenarios:

- If a claim is being processed and is not in a terminal claim status (paid/denied/rejected), visits associated to this claim cannot be modified/adjusted by CareBridge users. A provider will have to wait until the claim has finished processing and has a terminal claim status before changes can be made to any visits on that claim. When changes get made to previously paid/denied visits, a corrected claim will be generated.
- EVV Visits exported for billing by CareBridge users or sent to CareBridge with the "ClaimAction" 'N' by third-party EVV system users, with a date of service corresponding to a claim currently being processed and not in a terminal status, will be queued until the existing claim reaches a terminal status. This will be displayed as a 'Joint Claim Processing' billing status. At this time an adjusted/corrected claim will be generated with the new visit included.

A corrected claim will be automatically triggered for EVV visits exported for billing by CareBridge users, or sent to CareBridge with the "ClaimAction" 'N' by third-party EVV system users, if a substantive change occurs such as:

- A unit change on billed visits in earlier billing cycle by adjusting clock-in or clock-out times.
- A manually created EVV visit on dates of service in previous billing cycles.
- An EVV visit took place in a previous billing cycle but was not exported for billing. This would be adding a visit to a previous date of service that was already billed for in a previous billing cycle.
- A change in the EVV location (North Carolina only)
- A change of caregiver (North Carolina and New Jersey only)

If a visit is re-exported or re-submitted to CareBridge, and a corrected claim is not necessary, CareBridge will set the claim status to "Payer has already paid these charges".

Some situations can occur at the visit level where a corrected claim will not be generated and instead an alert will trigger until the previous claim has been voided and resubmitted. In these cases the original claim should be voided first.

For example: A visit crosses midnight and is paid but is later manually adjusted to no longer cross midnight. This would require the visit to be voided and then resubmitted with "ClaimAction" 'N' and CareBridge will generate a corrected claim.