

BILLING IN THE PROVIDER PORTAL



The Billing Page in the CareBridge Provider Portal allows Provider Agency Admins to view completed visits that have been submitted for claim processing, enabling them to address denials, rejections, and paid amounts.

VIEW BILLED VISITS

On the Billing page (Figure 79), the user will see a tabular view of all Visits that have been submitted for claim processing. This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **Filters** at the top of the table or the **Sort by** drop-down at the top left (Figure 80).

Figure 79. Billing page

The screenshot shows the 'BILLING' section of the CareBridge Provider Portal. On the left is a navigation menu with options: Dashboard, Discussions, Authorizations, Appointments, Visits, Billing (selected), Members, Employees, and Settings. The main content area has tabs for 'PERSONAL FILTER', 'REJECTED VISITS', and 'DENIED VISITS'. Below these is a 'FILTERS' section with a 'Sort by' dropdown set to 'Date' and a 'Saved Filters' dropdown. An 'EXPORT FOR BILLING' button is visible. The main table lists visits with columns: MEMBER, DATE, CHECK IN TIME, CHECK OUT TIME, UPDATED DATE, EMPLOYEE, AUTH #, SERVICE, APPT ID, CLAIM #, PAYER, STATUS, BILLED AMOUNT, PAID AMOUNT, and BILLING STATUS. Three rows are visible, each with a vertical ellipsis menu icon on the right. At the bottom, there is an 'EXPORT TO FILE' button and pagination information: 'Rows per page: 10' and '1-3 of 3'.

Figure 80. Billing FILTERS and Sort by options

This screenshot provides a detailed view of the 'FILTERS' section. The 'Sort by' dropdown menu is open, showing options: Member, Date (highlighted), Check In Time, Check Out Time, Updated Date, Employee, Auth #, Service, Appt ID, Claim #, and Payer. The 'FILTERS' section includes search fields for Member Name or ID, Appt ID, Auth #, Employee Name or ID, Start Dates (10/10/2021 - 01/10/2022), Update Dates (10/10/2021 - 01/10/2022), Status, Service, Billing Status, Check In/Out Type, Office(s), and Aggregation Status. There are 'RESET FILTERS' and 'SAVE FILTERS' buttons. A 'Sort by' dropdown is also present at the bottom left, with 'Date' selected. A red circle highlights an upward-pointing arrow icon in the top right corner of the filters area.

CLAIMS HISTORY

Once a completed visit has been submitted for claim processing, the user will be able to view details about the Billing Status and Claim information by selecting the **menu icon (three dots)** on the right side of the row for the Visit and select **Visit Details** (Figure 81).

Figure 81. Billing **Visit Details** selection

<input type="checkbox"/> MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EMPLOYEE	AUTH #	SERVICE	APPT ID	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
Dwigt Williams	01/05/2022	11:00 AM	11:30 AM	01/10/2022	Gwyneth Mceuen	97B752C8E4A	T1004	3039		CB Test Payer	Completed (Manual)	\$5.00	\$0.00	Pending
Fred Maxwell	01/05/2022	10:00 AM	10:30 AM	01/10/2022	Gwyneth Mceuen	E659F2708E7	T1004	3038		CB Test Payer	Completed (Manual)	\$5.00	\$0.00	
George	01/05/2022	09:00 AM	09:30 AM	01/10/2022	Gwyneth	31DA12B6426	T1004	3037		CB Test Payer	Late and Completed	\$5.00	\$0.00	

- Visit Details
- Authorization Details
- Member Details
- Attest

Visit Details will provide information for the Billing Status in the 'Billing' card (Figure 82) as well as Claims information in the **CLAIMS HISTORY** tab.

Figure 82. Billing 'Visit Details' options

The screenshot shows the 'Visit Details' page for member DWIGT WILLIAMS. The 'CLAIMS HISTORY' tab is selected and highlighted with a red box. The page is divided into several sections:

- Visit Information:** Appointment ID: 3043, Status: Late and Completed (Manual), Authorization: 97B752C8E4A, Employee: Gwyneth Mceuen, Start Date/Time: Jan 5, 2022 1:00 PM, End Date/Time: Jan 5, 2022 1:30 PM, Start Location: 7735 N TRYON ST CHARLOTTE, N., End Location: 7735 N TRYON ST CHARLOTTE, N., Expected Duration: 0 hours 30 minutes (2 units), Payer: CB Test Payer.
- EVV Visit:** Check In Date/Time: Jan 5, 2022 2:04 PM (app), Check Out Date/Time: Jan 5, 2022 2:08 PM (app), Visit Duration: 0 hours 3 minutes (0 units), Check In Location, Check Out Location, Acceptable Locations: No, Member Attestation: Member Refused.
- Pre-billing Checks:** All pre-billing checks have been resolved.
- Billing:** Service Code: T1004, Modifiers: HB, Billing Status: None, Units: None.
- Manual Entry:** Created Date: Jan 10, 2022 1:46 PM, Check In Date/Time: Jan 5, 2022 2:04 PM, Check Out Date/Time: Jan 5, 2022 2:34 PM, Visit Duration: 0 hours 30 minutes (2 units), Check In Location: 7735 N TRYON ST, CHARLOTTE NC 28262, Check Out Location: 7735 N TRYON ST, CHARLOTTE NC 28262, Acceptable Locations: N/A, Manual Reason Code: Forgot to clock in/out, Manual Notes, Member Attestation: No Attestation.
- Late Visit:** Late Visit Reason: No reason submitted, Late Action Taken: No action submitted, Manual Notes: No notes submitted.

At the bottom of the page, there are buttons for 'EXPORT FOR BILLING', 'MANUAL ENTRY', 'RESCHEDULE', and 'CANCEL VISIT'. A 'BILLING' card is highlighted in yellow in the original image.

The **CLAIMS HISTORY** tab will display the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. You will also be able to access each individual claim request that was generated at the time the visit was exported for a claim, as well as the individual statuses, claim #(s), and dates associated with the status changes (Figure 83).

Figure 83. Visit Details **CLAIMS HISTORY** tab

The screenshot shows the 'CLAIMS HISTORY' tab for a visit. The 'Billing' section displays the following data:

Category	Amount
Billed Amount	\$5.00 (2 units)
Accepted Amount	\$0 (0 units)
Rejected Amount	\$0 (0 units)
Paid Amount	\$0 (0 units)
Denied Amount	\$0 (0 units)

The 'Claim Request #3435' table shows the following details:

CLAIM #	PAYER CLAIM #	STATUS	EXTERNAL STATUS CODE	DETAILS	DATE/TIME
NC3709	N/A	Queued			01/10/2022, 01:20 PM

EXPORT FOR BILLING

If a visit needs to be resubmitted for a claim, Agency Employees can export by selecting the **check box** next to one or many visits and then selecting the **EXPORT FOR BILLING** button at the top right corner of the table (Figure 84).

Figure 84. Billing page **EXPORT FOR BILLING** button

The screenshot shows a table of visits with the following columns: MEMBER, DATE, CHECK IN TIME, CHECK OUT TIME, UPDATED DATE, EMPLOYEE AUTH #, SERVICE, APPT ID, CLAIM #, PAYER, STATUS, BILLED AMOUNT, PAID AMOUNT, and BILLING STATUS. The 'EXPORT FOR BILLING' button is highlighted in a red box at the top right of the table.

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EMPLOYEE AUTH #	SERVICE	APPT ID	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
Dwigt Williams	01/05/2022	11:00 AM	11:30 AM	01/10/2022	Gwyneth Mceuen	T1004	3039		CB Test Payer	Completed (Manual)	\$5.00	\$0.00	Queued
<input checked="" type="checkbox"/> Fred Maxwell	3832		333027633H		11145 BRYTON TOWN CENTER DR HUNTERVILLE, NC 28078	CB Test Payer	Yes	Active					01/05/2022
<input checked="" type="checkbox"/> George Peterson	3831		134633373A		701 HAWLEY AVE BELMONT, NC 28012	CB Test Payer	Yes	Active					01/05/2022

The following billing statuses are available in the CareBridge Platform and can be seen associated with Claim Requests (Figure 85). **Please note** there may be a delay between the payer and portal status updates:

Figure 85. Billing Status table

BILLING STATUS	DEFINITION
Pending	This visit has not yet been exported for claims
Queued	This visit has been queued for claim generation
Generated	This visit has a claim that has been generated
Submitted	This visit has a claim that has been submitted to Healthy Blue
Acknowledged	This visit has a claim that has been received by Healthy Blue
Confirmed	This visit has a claim that was accepted by Healthy Blue
Pre-billing Rejection	This visit was rejected due to insufficient or invalid data prior to claim creation
Rejected	This visit was rejected by Healthy Blue due to insufficient or invalid data upon initial review of the claim
Paid	This visit was paid by Healthy Blue
Denied	This visit was denied by Healthy Blue due to insufficient or invalid data
Voided	This visit claim was voided
Billed Externally	This visit has been billed outside of CareBridge

BILLING AND CLAIMING ERRORS

When you have completed exporting visits to claims, you will see a confirmation message in the portal. This message will indicate how many visits successfully exported for claims. Despite the Pre-Billing Checks, there may still be instances when you experience billing or claiming errors. If visits have failed, the reason why will be indicated in that message, which in turn may prompt you to act so that you may export that claim for billing.

Some of these instances and trouble-shooting suggestions are below (Figure 86):

Figure 86. Billing/Claim Error Troubleshooting table

BILLING OR CLAIM ERROR	TROUBLE-SHOOTING SUGGESTION
A claim was over paid	Contact Healthy Blue to resolve.
A claim was under paid	Contact Healthy Blue to resolve.
You do not have or do not understand the claim rejection reason	Basic claim rejection errors happen when data is invalid or missing and occurs prior to claim processing. A few common examples are incorrect or missing member data, billing provider, payer, or diagnosis codes in service lines. You can refer to the rejection/ response reports or contact Healthy Blue for resolution to correct and resubmit for claim processing.
You do not have or understand the denial reason	A claim has been processed by payer and determined unpayable. Common denial reasons are duplicate claims/services, member eligibility, benefit coverage, and data discrepancies. This information will be stated on the electronic remittance advice (ERA) if available to you. If not, please contact Healthy Blue.

BILLING REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Billing Page. The **PERSONAL FILTER** can be used to filter and sort the Billing table in a variety of ways to return the subset of Billed Visits that is most useful.

In addition to the **PERSONAL FILTER**, there are two **Reports** that have predefined filters to help quickly navigate to useful Billed Visits data (Figure 87).

Figure 87. Billing **Reports**



- **REJECTED VISITS:** This report returns a list of all visits that have rejected claims.
- **DENIED VISITS:** This report returns a list of all visits that have denied claims.

To export any of the data on the Billing page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 88). Upon selecting the file type, the document will begin downloading and will be available on the Settings Page under the **DOCUMENTS** sub-tab.

Figure 88. **EXPORT TO FILE** button and menu

