

Auth Segments & Rate Schedules

Overview

Auth Segments: Purpose is to allow for a single auth with multiple service codes that need to be tracked independently

Previously if a single authorization had multiple service codes authorized with different limits the service codes were attached at the patient payer level and their authorization limits could not be tracked separately

- Service Codes are now attached to a segment within an auth and not the patient payer
- All authorizations require one segment to attach service codes to
- All segments within a single auth will be billed together
- All segments within a single auth have their specific auth limits tracked independently in the calendar

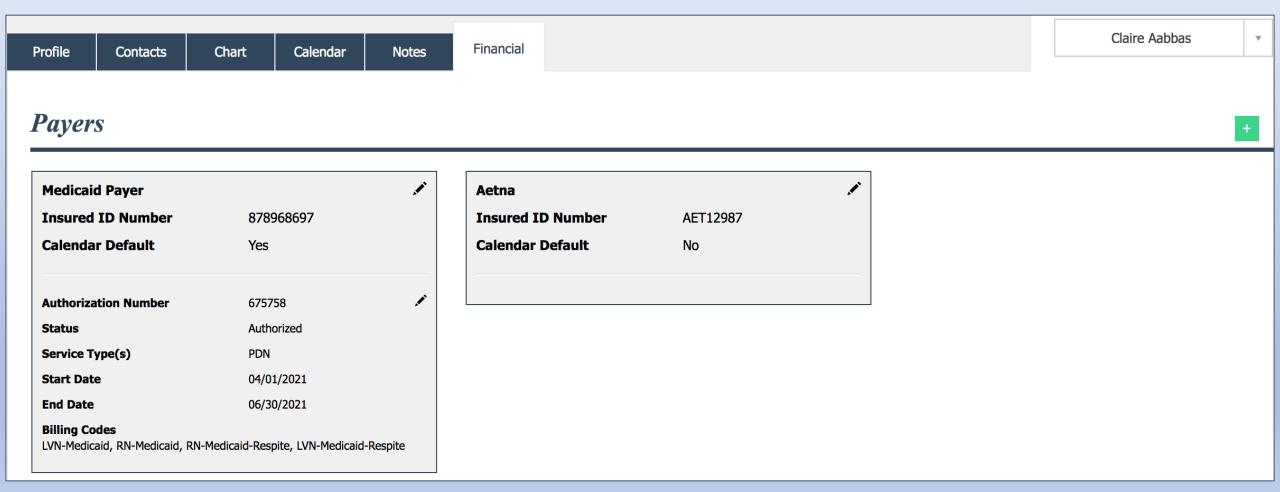
Rate Schedules: Update made to payer rate schedule to allow for specific rate discount types (\$ or %) at both the payer and individual service code level

Previously a discount was limited to % and only at the payer and patient payer level not the individual service code level

- Discount may now be applied to a single service code for ops payer or single patient
- Discount may be set to be \$ or %
- Impact of discount shown on page with Rate & Expected Values
- Service Code Report Added to Billing Reports

Patient Financial Payer(s)

- Patient payer(s) are now displayed as cards; one payer per card
- To edit a payer click the pencil icon on payer name line
- To edit an auth click the pencil icon on the auth number line
- If an active payer has no active auths it will appear as Aetna does below



Adding a new Payer to Patient Financial

Payer: Select Payers being added for patient

Hide In Workflow: Will not show auth in workflow

Hide In Calendar: Will disallow payer from being available

in calendar

Patient Relationship: defaults to Self

Informed Code, Assign of Benefits, Type of Facility, Freq of Bill, Patient Status: -Select- indicated claims will default to the ops – payer settings; may be overridden

MD not Required: If checked claim will pass scrub without attached MD

Diagnosis not Required: If checked claim will pass scrub

without Diagnosis Code

Accident: Defaults to No, Yes prompts accident filing fields

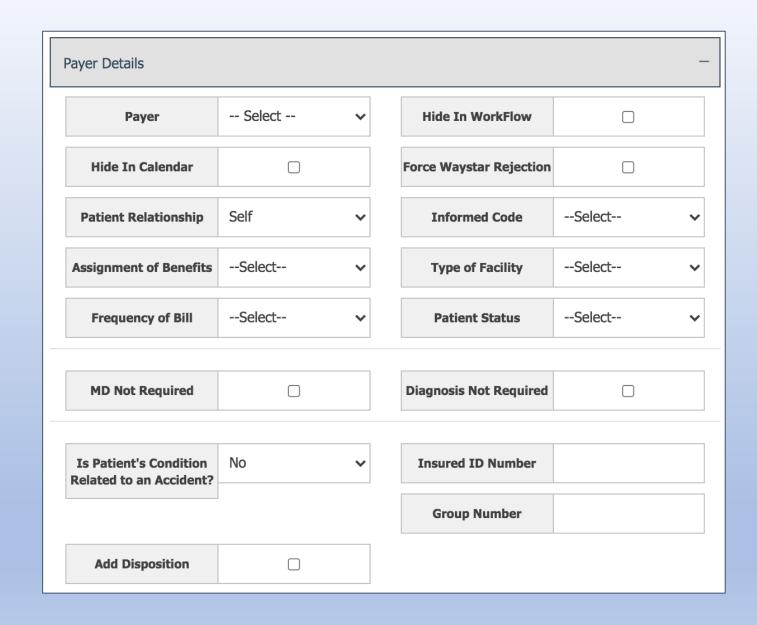
Insured ID Number: Required Group Number: Optional

Add Disposition: If checked prompted fields to indicate

disposition payer details

Release 2.7.0 Update

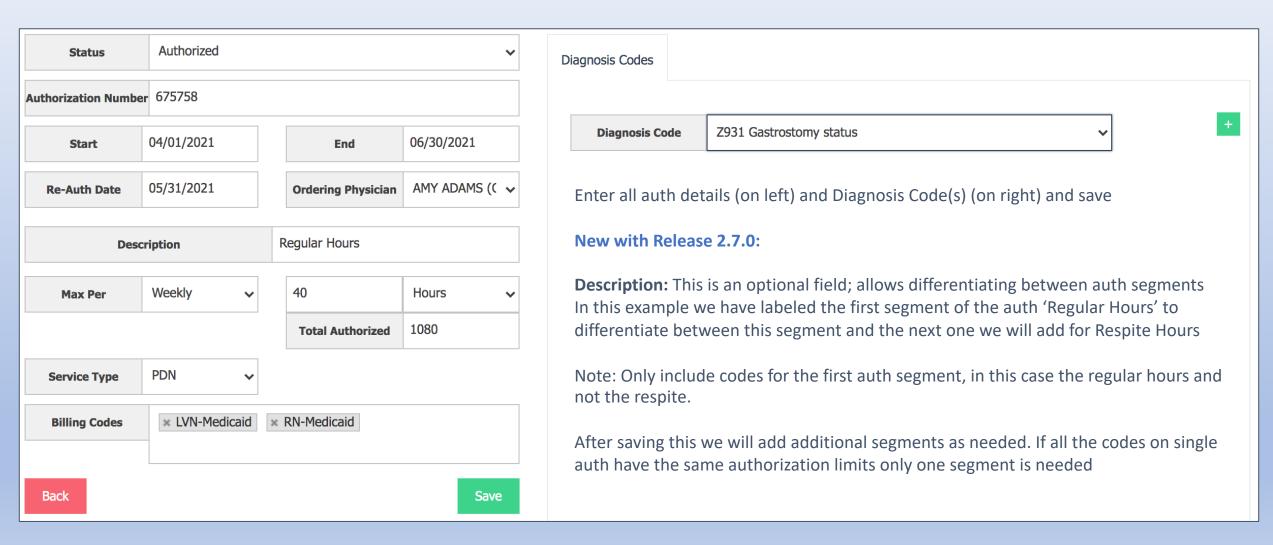
Service Codes are no longer selected at the payer level; previous codes are now attached directly to patient auth segment



Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

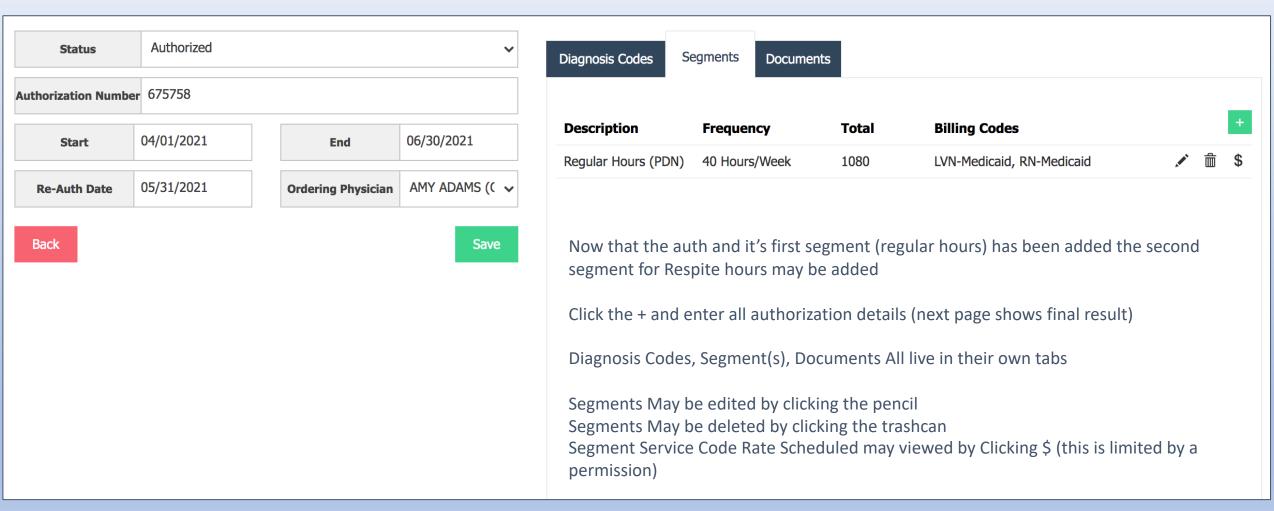
STEP 1: Add authorization & first segment details for Regular Hours



Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

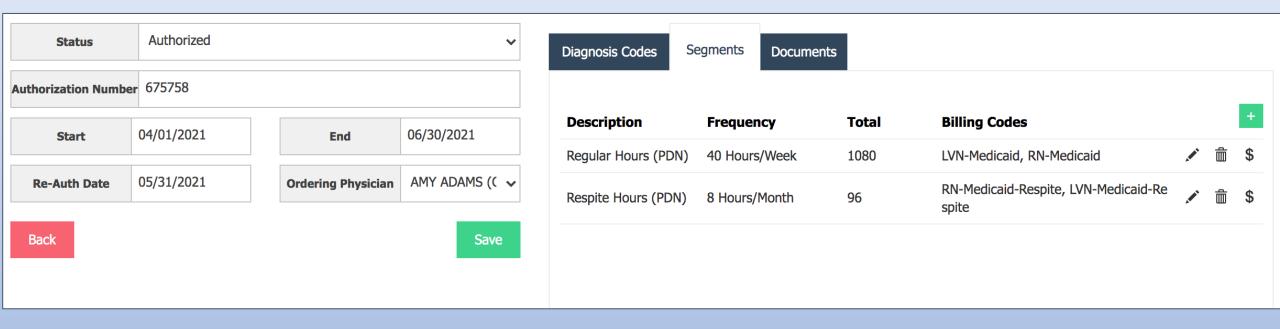
STEP 2: Adding additional segment for Respite Hours



Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

RESULT: A single auth has two segments; each segment has specific service codes which will be tracked independently in the calendar



Diagnosis Codes, Segment(s), & Documents All live in their own tabs

- Segments May be edited by clicking the pencil
- Segments May be deleted by clicking the trashcan
- Segment Service Code Rate Schedule may viewed & edited by clicking \$ (this is limited by a permission)

Auth with Multiple Segments Calendar View

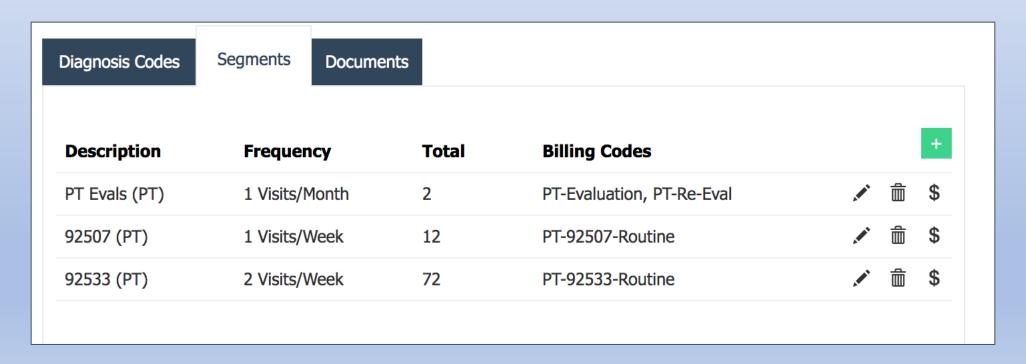
- Patient has one authorization but two auth segments
- Each segment shows the Service Type and Description (if description field utilized)
- Each segment is broken down in its own detail line for its unique limits

Name		Ac	ldress		Phone	DOB		Gender	Weight	Skill(s)		
			rwood Drive, n, TX 76013	(817) 261-3916		12/31/2018		Female		PEDIATRIC, ODPS		
Details	Details		None									
Insurance	Insurance		Auth Start		Auth End		rized	Used (Period)	Total Used	Total Auth		
Medicaid Payer (PDN - Regul	Medicaid Payer (PDN - Regular Hours) 4/1		1/2021	6/30/2021		40 hours Weekly		40 hours	40 hours	1080 hours		
Medicaid Payer (PDN - Respi	Medicaid Payer (PDN - Respite Hours)		4/1/2021		5/30/2021	8 hours Monthly		2 hours	2 hours	96 hours		
Sun 5/2	M	on 5/3	Tue 5/4	Wed		5/5 T		hu 5/6	Fri 5/7	Sat 5/8		
	Smiles Akendu 07:00-17:00 (RN-Medicaid		Smiles Akendung 07:00-17:00 (40) RN-Medicaid		Smiles Akendung 07:00-17:00 (40) RN-Medicaid	•	Smiles Akend 07:00-17:00 RN-Medicaid Smiles Akend 17:00-19:00 RN-Medicaid	(40) Sung (8)				

Therapy Example 1: Auth with Multiple Segments

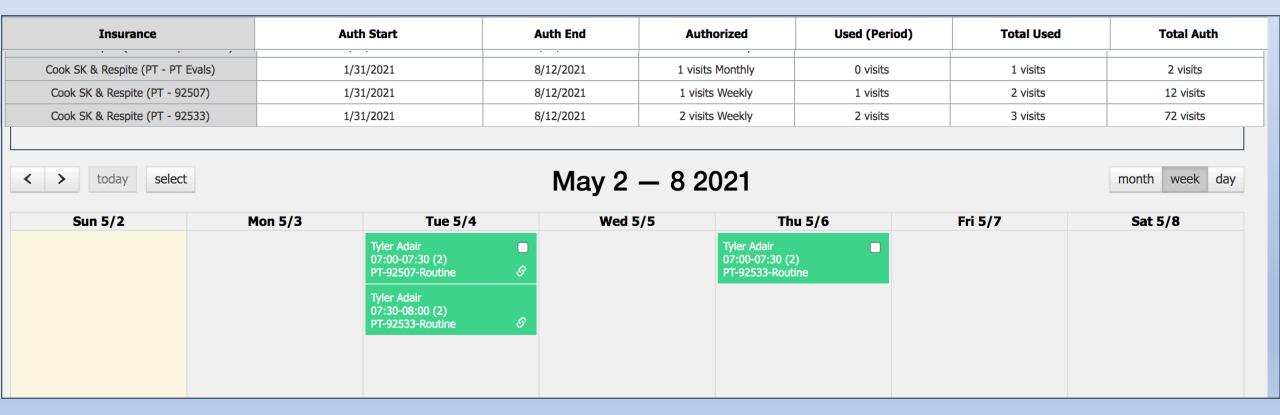
Patient has an auth with three segments (steps to add authorization and segments are identical to prior steps in nursing example

- Evals 1 visit/month
- Routine Visit Code 92507 1 visit/week
- Routine Visit Code 92533 2 visits/week



Therapy Example 1: Calendar

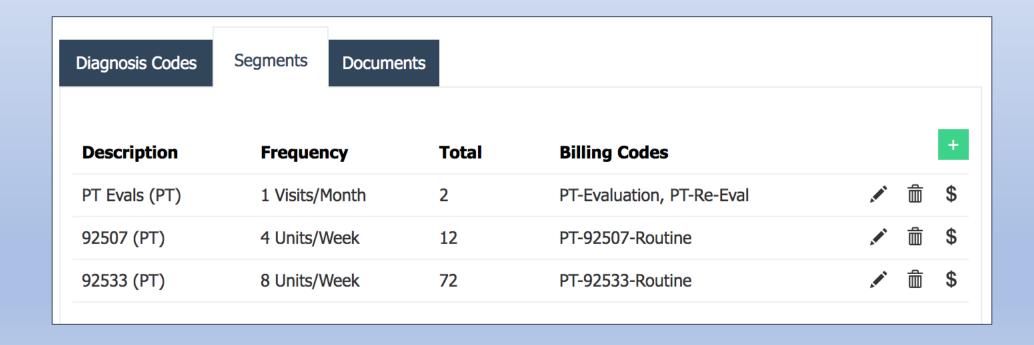
- Patient has one authorization but three segments
- Each segment shows the Service Type and Description (if description field utilized)
- Each segment is broken down in its own detail line for its unique limits



Therapy Example 2: Auth with Multiple Segments

Patient has an auth with three segments:

- Evals 1 visit/month
- Routine Visit Code 92507 4 units/week
- Routine Visit Code 92533 8 units/week



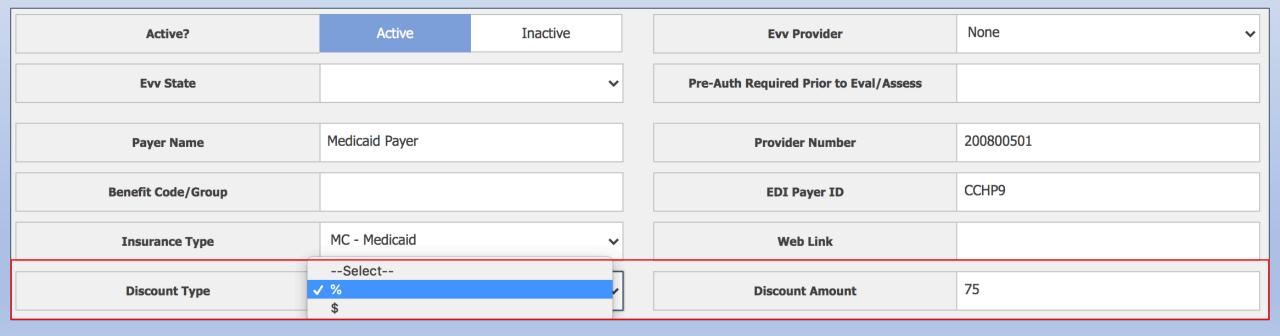
Therapy Example 2: Calendar

- In the calendar each segment of the authorization has its own detail line
- Each segment contains the description if included when the segment was added
- While there is only one authorization there are three segments and therefore 3 detail lines in the calendar

Insurance	Insurance Auth Start		Aı	uth End	Autho	rized	Used (Period)	Total Used	Total Auth	
Cook SK & Respite (PT - PT Ev	vals)	1/3	1/2021	8/12/2021		1 visits Monthly		0 visits	1 visits	2 visits
Cook SK & Respite (PT - 9250	07)	1/3	1/2021	8/12/2021		4 units Weekly		2 units	3 units	12 units
Cook SK & Respite (PT - 9253	Cook SK & Respite (PT - 92533) 1/31/2021		1/2021	8/	2/2021 8 units Weekly		4 units	6 units	72 units	
May 2 — 8 2021 month week										month week day
Sun 5/2	M	on 5/3	Tue 5/4		Wed !	5/5 T		nu 5/6	Fri 5/7	Sat 5/8
			Tyler Adair 07:00-07:30 (2) PT-92507-Routine Tyler Adair 07:30-08:00 (2) PT-92533-Routine	• §			Tyler Adair 07:00-07:30 (: PT-92533-Rou			

Rate Schedules: Payer Level Discount

- Payer Level Discount is still set in the payer details which will automatically impact all service codes associated with the payer
- The Discount Type May be set to % percent or \$ dollars
- (All existing discounts were limited to % and have been converted to percent in the new drop down)
- For this example the payer is set to have a discount of 75% applied to all service code



Rate Schedules: Service Code Discounts

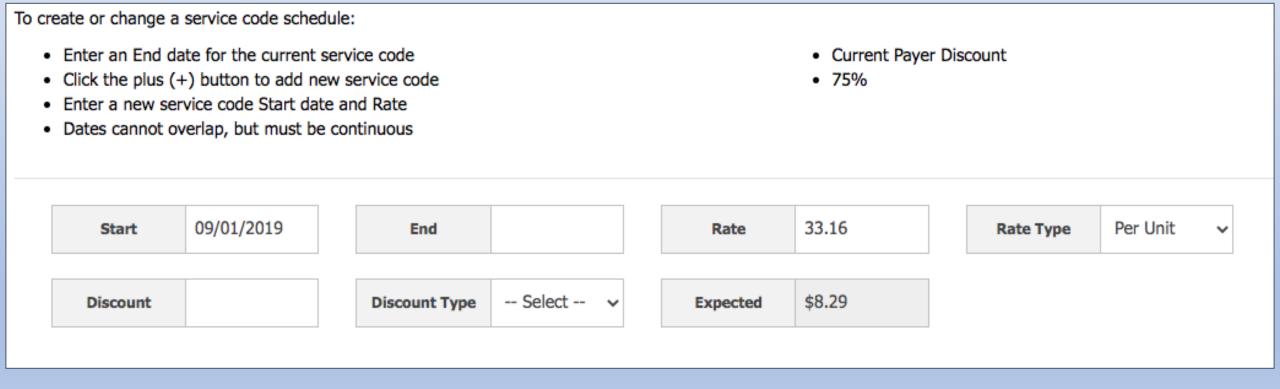
- The payer level discount setting will be applied to all added service codes
- The list of service codes now show the following:

Rate Type (per unit, per hour or per visit)
Rate
Discount Amount and Type
Expected Rate

Code	Skill	Description	Modifiers	Revenue Code	Form Type	Rate Type	Rate	Discount	Expected		
T1000 PDN	LVN	LVN-Medicaid	LVN	552	PDN Shift	Per Unit	\$33.16	75%	\$8.29	A. C.	
T1000 PDN	LVN	LVN-Medicaid-S	LVN,Specialty	552	PDN Shift	Per Unit	\$36.36	75%	\$9.09	A. C.	
T1000 PDN	RN	RN-Medicaid	RN	552	PDN Shift	Per Unit	\$45.32	75%	\$11.33	A PARTY	
T1000 PDN	RN	RN-Medicaid-S	RN,Specialty	552	PDN Shift	Per Unit	\$52.12	75%	\$13.03	A. C.	
H2015 Star Kids RN/LVN Respite	LVN	LVN-Respite-S	LVN,Specialty	552	PDN Shift	Per Unit	\$36.36	75%	\$9.09		
H2015 Star Kids RN/LVN Respite	RN	RN-Respite-S	RN,Specialty	552	PDN Shift	Per Unit	\$52.12	75%	\$13.03	A PART	

Rate Schedules: Individual Service Code Discounts

- When editing an individual service code the current payer level discount will show in top right
- When a new code is added this is automatically applied and the calculated rate shows in the grid
- Unless user overrides the payer level discount and type these two fields may remain blank



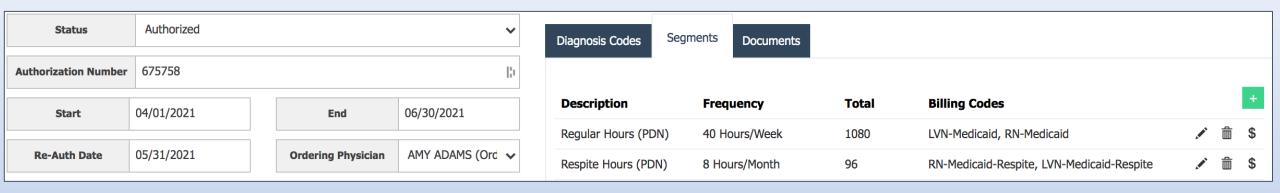
Rate Schedules: Individual Service Code Discounts

- When editing an individual service code the current payer level discount will show in top right
- To override an individual service code select the discount type: % or \$ enter the discount value
- The expected rate will automatically calculate based on discount type and value
- In this example the payer level discount is 75% but this code has an override discount of 50%

To create or change a service code schedule: Enter an End date for the current service code Current Payer Discount Click the plus (+) button to add new service code 75% Enter a new service code Start date and Rate Dates cannot overlap, but must be continuous 09/01/2019 33.16 Per Unit Start End Rate Rate Type % 50 \$16.58 Discount Discount Type Expected

Rate Schedules: Individual Service Code Discount at Patient Auth Level

Individual service codes discounts may be set for a single code for a single patient directly from auth segments by clicking on the \$



The service codes below show that the Ops – Payer – Service code discount is 75% The discounts have been overridden for this patient to be a discount of 50% Expected Rate auto-calculates based on discount type and value

