RMHS

Rocky Mountain Human Services

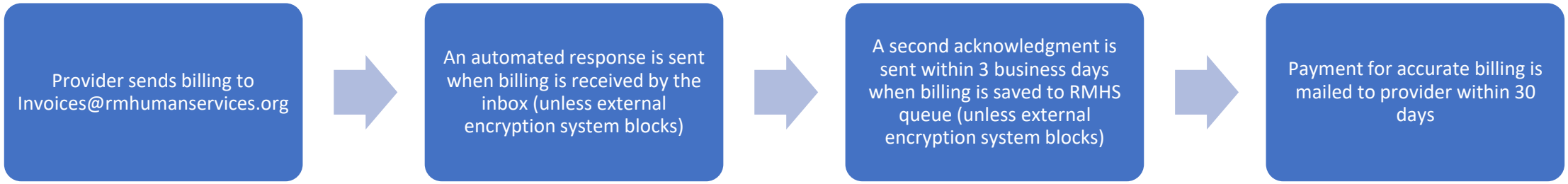
Early Intervention Billing Submission & Reconciliation Tips

November 2023

Top Tips & Ideas

- Find what works for you!
- Complete notes timely (best practice is within 24 hours of visit)
- Find a mechanism for tracking clients and funding source information
- Organize billing submissions for tracking
- Clearly label all files
- Do a review of accuracy
- Be aware of billing deadlines
  - Monthly deadline by 3rd business day
  - Fiscal year final cutoff
- Submit billing more frequently
- Reconcile payments timely

Billing Timeline



Billing Corrections Requested by RMHS

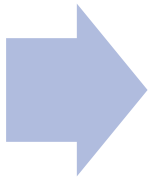
RMHS sends billing correction request to designated billing contact

Provider sends corrected billing directly to RMHS biller who made the request

RMHS makes best effort to prioritize corrections, but payment is mailed to providers within 30 days of accurate submission

Billing Corrections Requested by Provider

Provider sends detailed email to Billingquestions@rmhumanservices.org and attaches billing



RMHS makes best effort to prioritize corrections, but payment is mailed to providers within 30 days of accurate submission. Errors on RMHS' behalf are addressed ASAP for correction

Expected Payment Dates Based on Billing Submission Date

Submission Date Range:		Check Mailed by Date:
12/7/2023	12/12/2023	1/5/2024
12/13/2023	12/19/2023	1/12/2024
12/20/2023	12/26/2023	1/19/2024
12/27/2023	1/2/2024	1/26/2024
1/3/2024	1/9/2024	2/2/2024
1/10/2024	1/16/2024	2/9/2024
1/17/2024	1/23/2024	2/16/2024
1/24/2024	1/30/2024	2/23/2024
1/31/2024	2/6/2024	3/1/2024
2/7/2024	2/13/2024	3/8/2024
2/14/2024	2/20/2024	3/15/2024
2/21/2024	2/27/2024	3/22/2024
2/28/2024	3/5/2024	3/29/2024
3/6/2024	3/12/2024	4/5/2024
3/13/2024	3/19/2024	4/12/2024
3/20/2024	3/26/2024	4/19/2024
3/27/2024	4/2/2024	4/26/2024
4/3/2024	4/9/2024	5/3/2024
4/10/2024	4/16/2024	5/10/2024
4/17/2024	4/23/2024	5/17/2024
4/24/2024	4/30/2024	5/24/2024
5/1/2024	5/7/2024	5/31/2024
5/8/2024	5/14/2024	6/7/2024
5/15/2024	5/21/2024	6/14/2024
5/22/2024	5/28/2024	6/21/2024
5/29/2024	6/4/2024	6/28/2024

Submission Date Range:		Check Mailed by Date:
6/5/2024	6/11/2024	7/5/2024
6/12/2024	6/18/2024	7/12/2024
6/19/2024	6/25/2024	7/19/2024
6/26/2024	7/2/2024	7/26/2024
7/3/2024	7/9/2024	8/2/2024
7/10/2024	7/16/2024	8/9/2024
7/17/2024	7/23/2024	8/16/2024
7/24/2024	7/30/2024	8/23/2024
7/31/2024	8/6/2024	8/30/2024
8/7/2024	8/13/2024	9/6/2024
8/14/2024	8/20/2024	9/13/2024
8/21/2024	8/27/2024	9/20/2024
8/28/2024	9/3/2024	9/27/2024
9/4/2024	9/10/2024	10/4/2024
9/11/2024	9/17/2024	10/11/2024
9/18/2024	9/24/2024	10/18/2024
9/25/2024	10/1/2024	10/25/2024
10/2/2024	10/8/2024	11/1/2024
10/9/2024	10/15/2024	11/8/2024
10/16/2024	10/22/2024	11/15/2024
10/23/2024	10/29/2024	11/22/2024
10/30/2024	11/5/2024	11/29/2024
11/6/2024	11/12/2024	12/6/2024
11/13/2024	11/19/2024	12/13/2024
11/20/2024	11/26/2024	12/20/2024
11/27/2024	12/3/2024	12/27/2024
12/4/2024	12/10/2024	1/3/2025

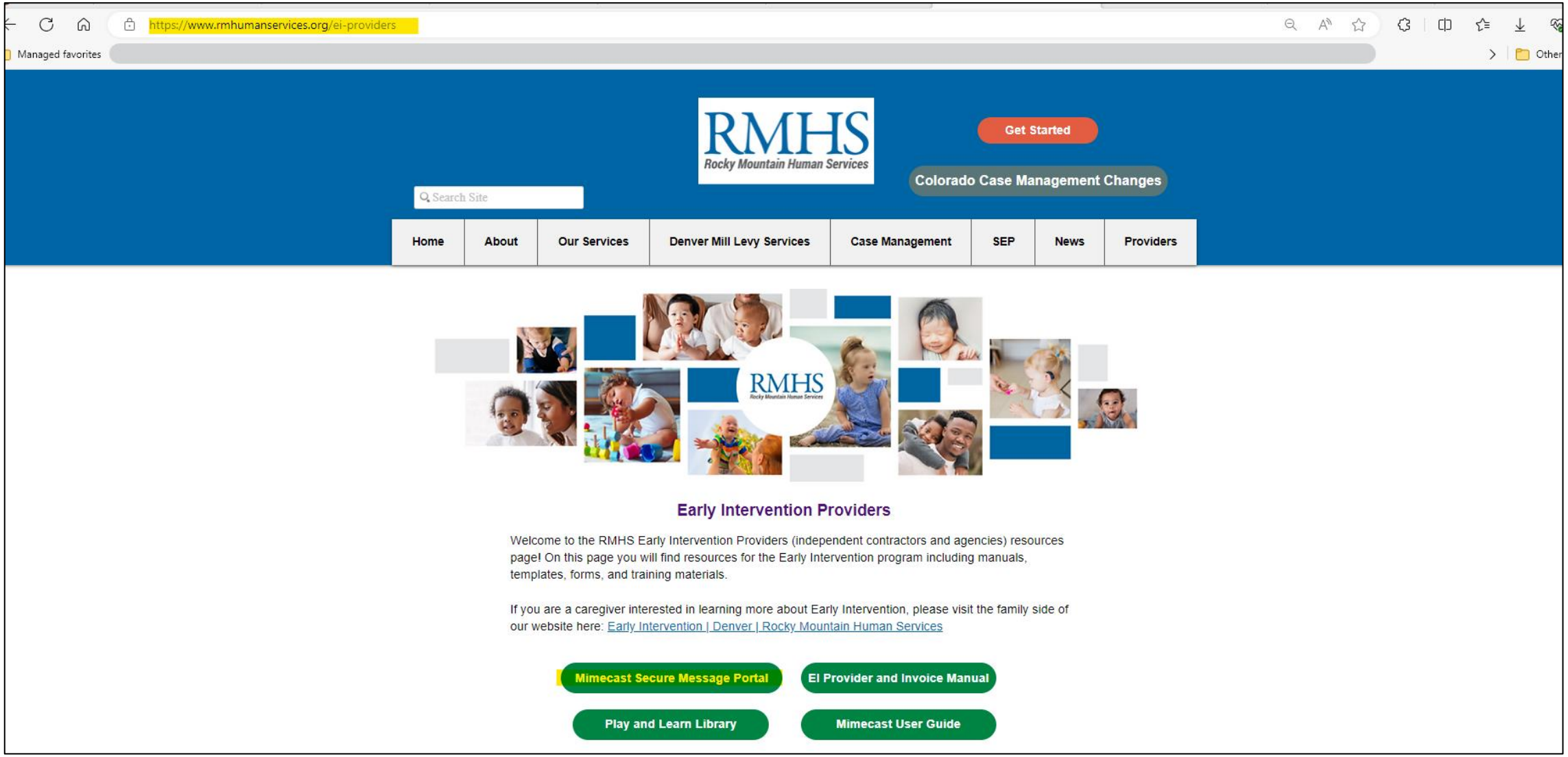
Example Client & Funding Source Tracker

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Child's Legal Name	Date of Birth	Insurance	Policy Number	Date Last Verified	Trust Eligible?	Secondary Insurance	Exemption Approve	Exemption Renewal Date?	Responsible Biller	CPT Codes on DHMC PAR	Dates of No Shows	Service Coordinator
2	Client A	1/1/2023	Standard Medicaid	A123456	11/1/2023	No	N/a	N/a	N/a	Provider	N/a	6/1/23, 8/5/23	SC 1
3	Client B	2/1/2022	Anthem	ABC12345678	11/1/2023	No	Standard Medicaid	No	N/a	Provider	N/a	N/a	SC 2
4	Client C	3/1/2021	Denver Health Medicaid	B234567	11/3/2023	No	N/a	N/a	N/a	RMHS	97530, 97110,97168	11/22/2023	SC 3
5	Client D	1/1/2023	Kaiser	123456789	11/1/2023	Yes	N/a	N/a	N/a	RMHS	N/a	N/a	SC 4
6	Client E	2/1/2022	Standard Medicaid	C345678	11/5/2023	No	N/a	N/a	N/a	Provider	N/a	N/a	SC 5
7	Client F	3/1/2021	KCHP+	D456789	11/1/2023	Yes	N/a	N/a	N/a	RMHS	N/a	5/1/23, 6/1/23,7/1/23,8/1/23	SC 6
8	Client G	1/1/2023	CHP+	E567890	11/1/2023	No	N/a	N/a	N/a	Provider	N/a	N/a	SC 7
9	Client H	2/1/2022	Cigna	987654321	11/3/2023	No	N/a	Yes	12/1/2023	RMHS	N/a	N/a	SC 8
10	Client I-J	3/1/2021	UHC	234567890	11/1/2023	No	N/a	Yes	1/1/2024	RMHS	N/a	N/a	SC 9
11													

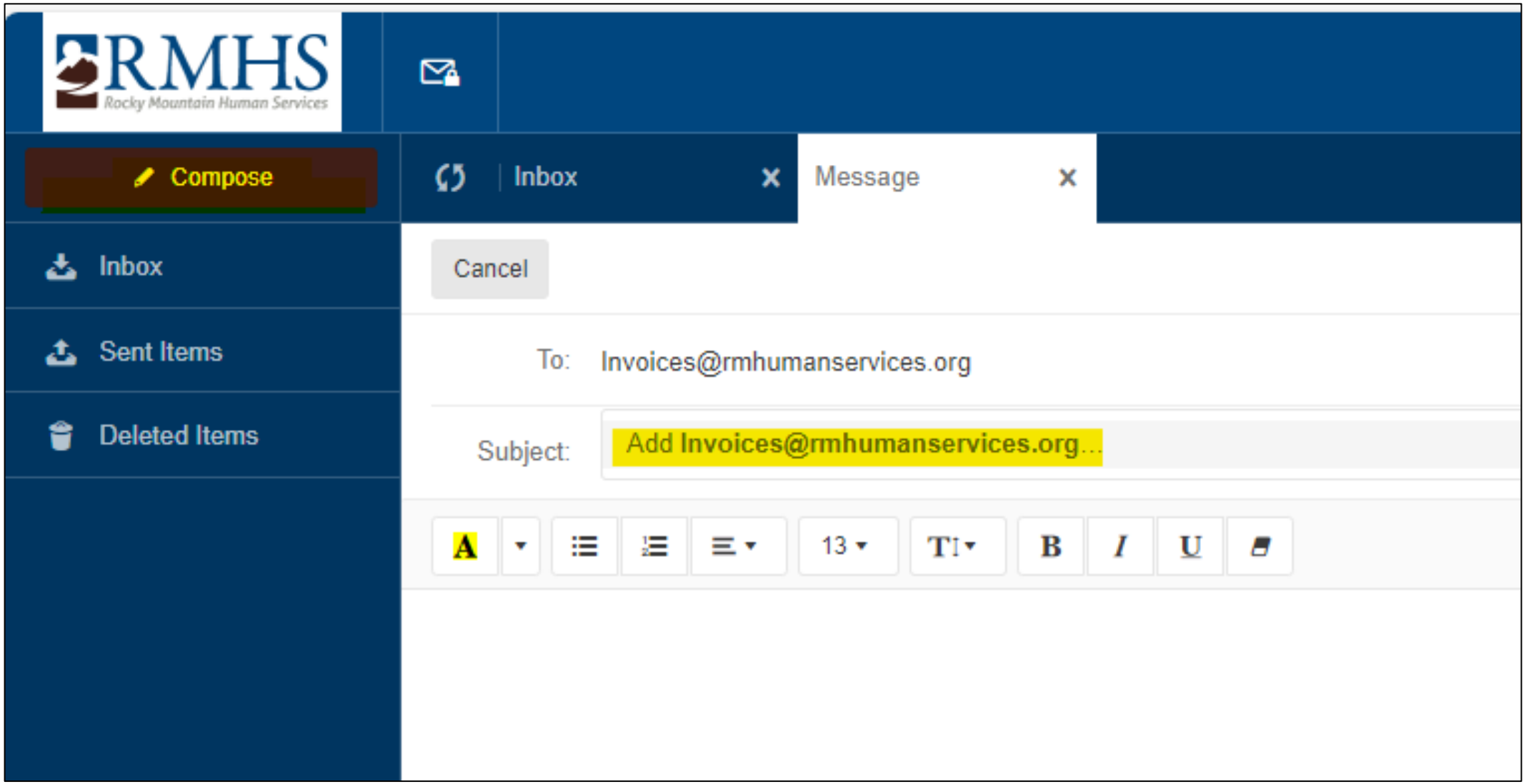
Example Payment Tracker

A	B	C	D	E	F
Patient Name	Date of Service	Service	Date Submitted	Submitted To	Expected Payment
Client A	11/1/2023	OT	12/3/2023	Medicaid	$ 103.00
Client B	11/1/2023	OT	12/3/2023	Anthem	$ 50.00
Client B	11/1/2023	OT	12/9/2023	Medicaid	$ 50.00
Client C	11/1/2023	OT	12/3/2023	RMHS	$ 103.00
Client C	11/8/2023	IFSP Review	12/3/2023	RMHS	$ 103.00
Client C	11/15/2023	OT	12/3/2023	RMHS	$ 103.00
Client C	11/22/2023	No Show	12/3/2023	RMHS	$ 25.75
Client D	11/2/2023	OT	12/3/2023	RMHS	$ 103.00
Client E	11/2/2023	Annual IFSP	12/3/2023	RMHS	$ 154.50
Client F	11/2/2023	Initial IFSP	12/3/2023	RMHS	$ 103.00
Client G	11/3/2023	OT	12/3/2023	CHP+	$ 100.00
Client H	11/3/2023	OT	12/3/2023	RMHS	$ 51.50
Client I-J	11/3/2023	OT	12/3/2023	RMHS	$ 103.00
Transteam Meeting	11/4/2023	Transteam Meeting	12/3/2023	RMHS	$ 52.00

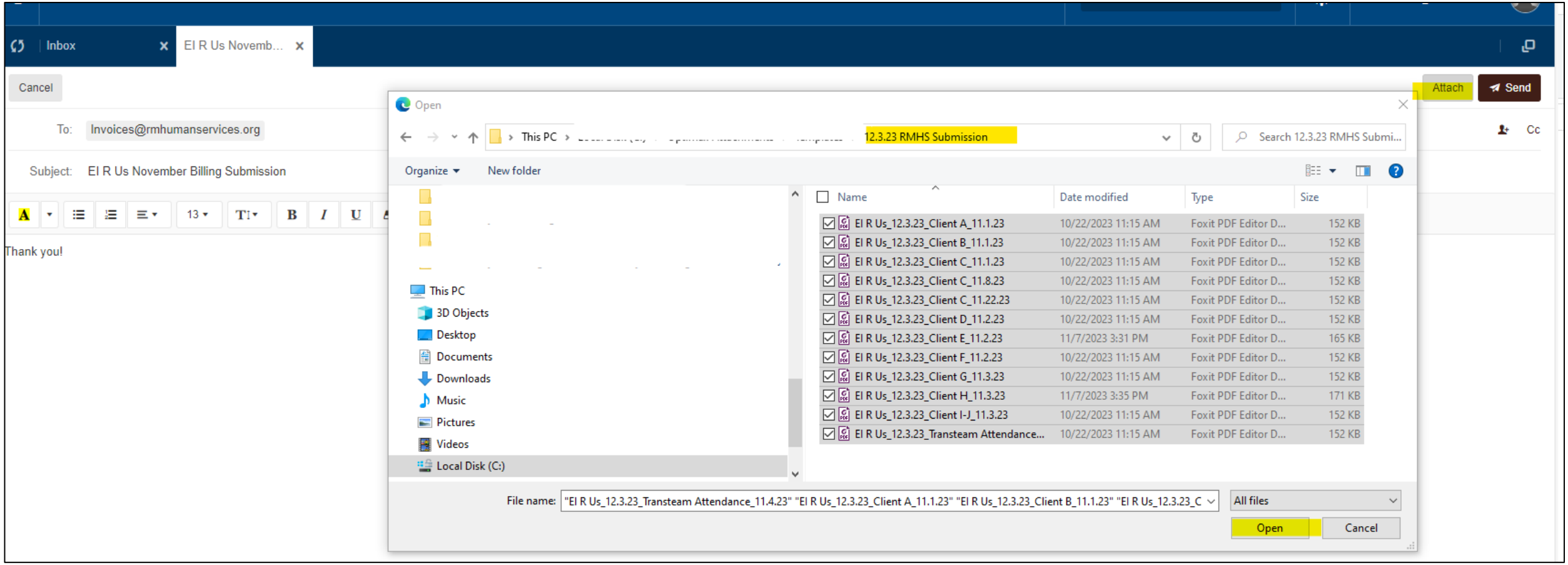
Accessing Mimecast- rmhumanservices.org/ei-providers



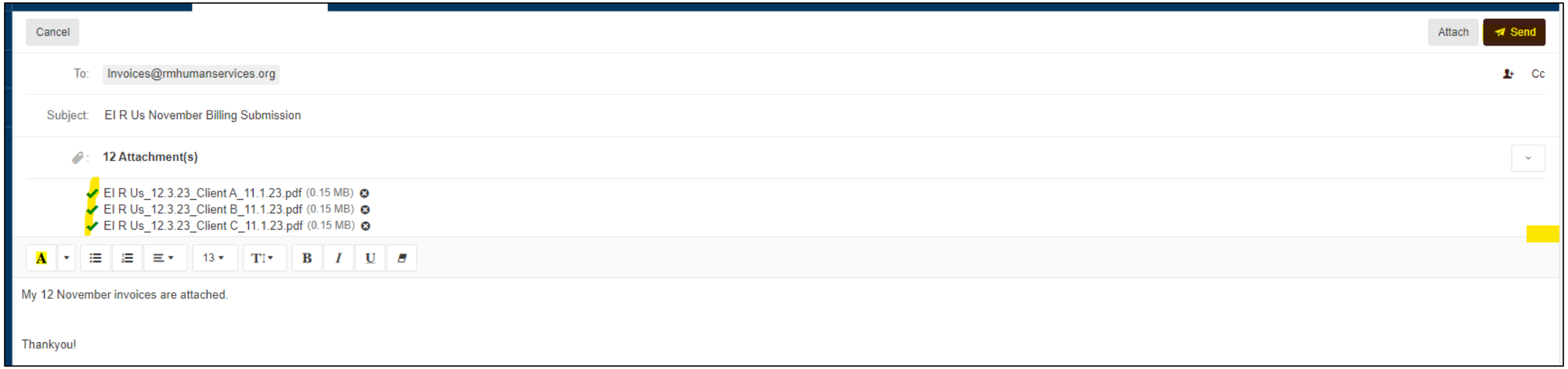
Enter email address and select “Add Invoices@rmhumanservices.org”

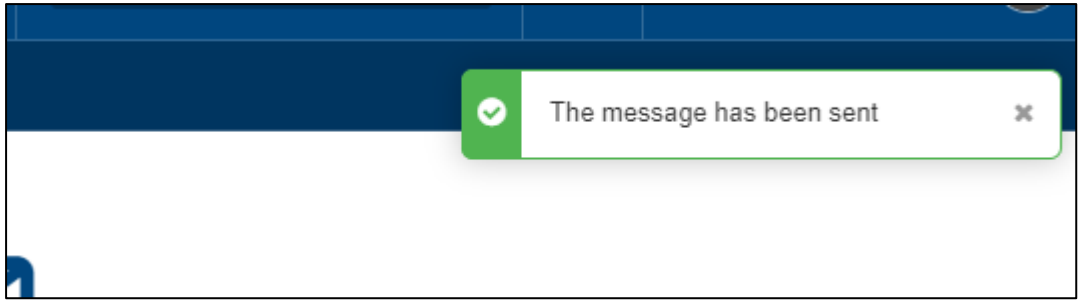


Select “Attach,” locate and select all invoices that should be submitted, and select “Open”

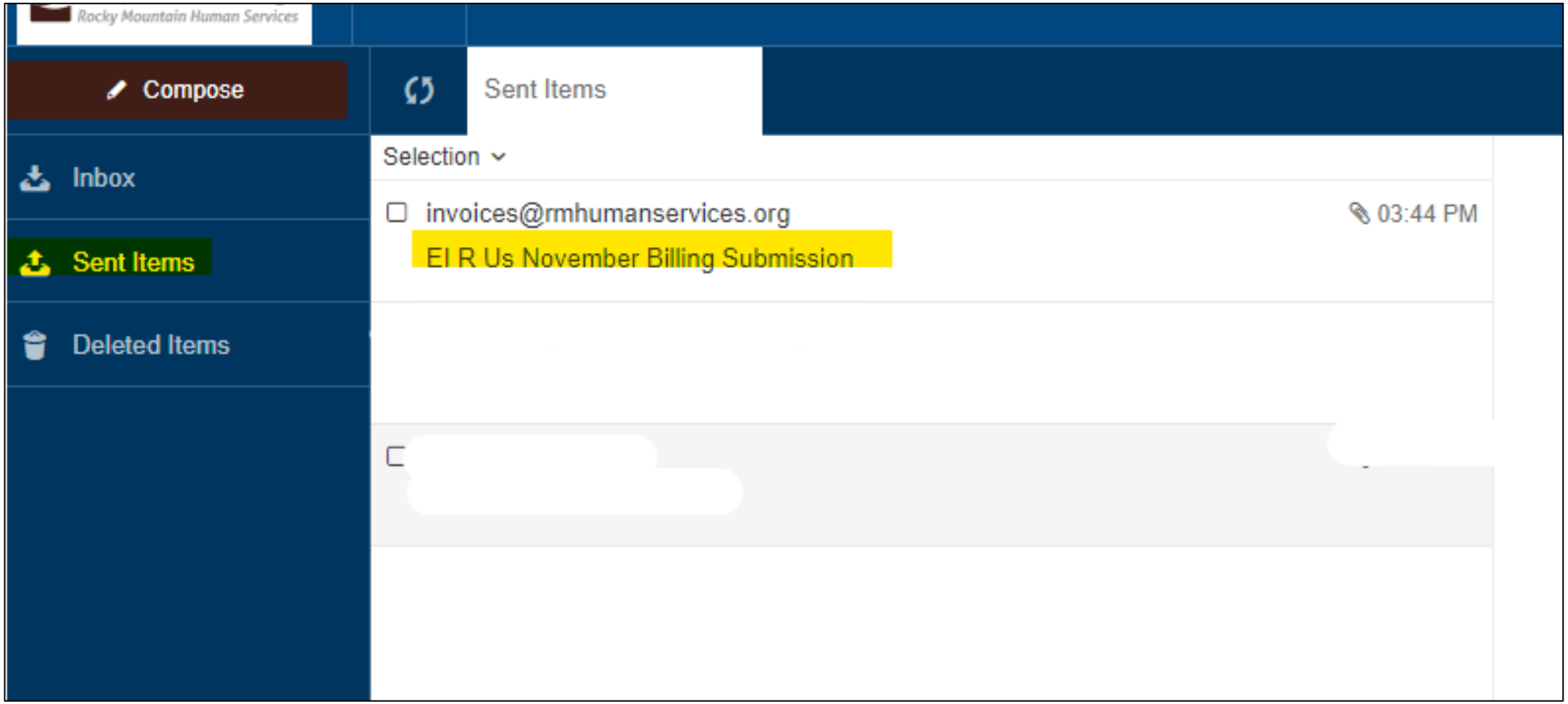


Wait until all attachments have a green checkmark and select “Send.” A confirmation that the message sent will appear in the upper right-hand corner

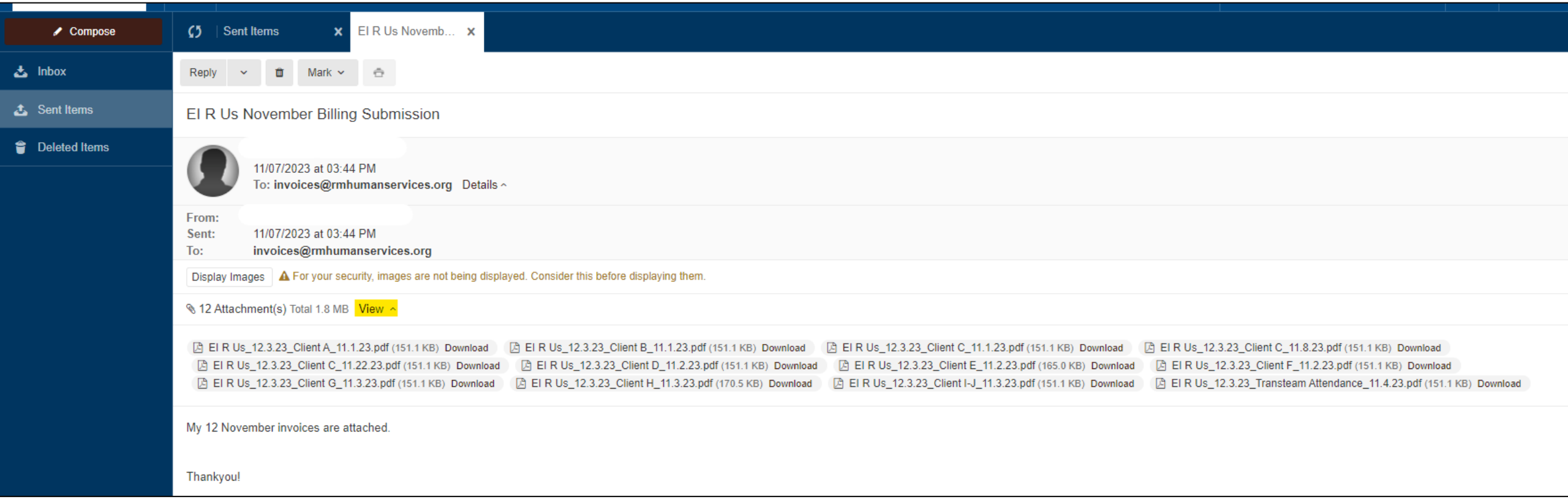




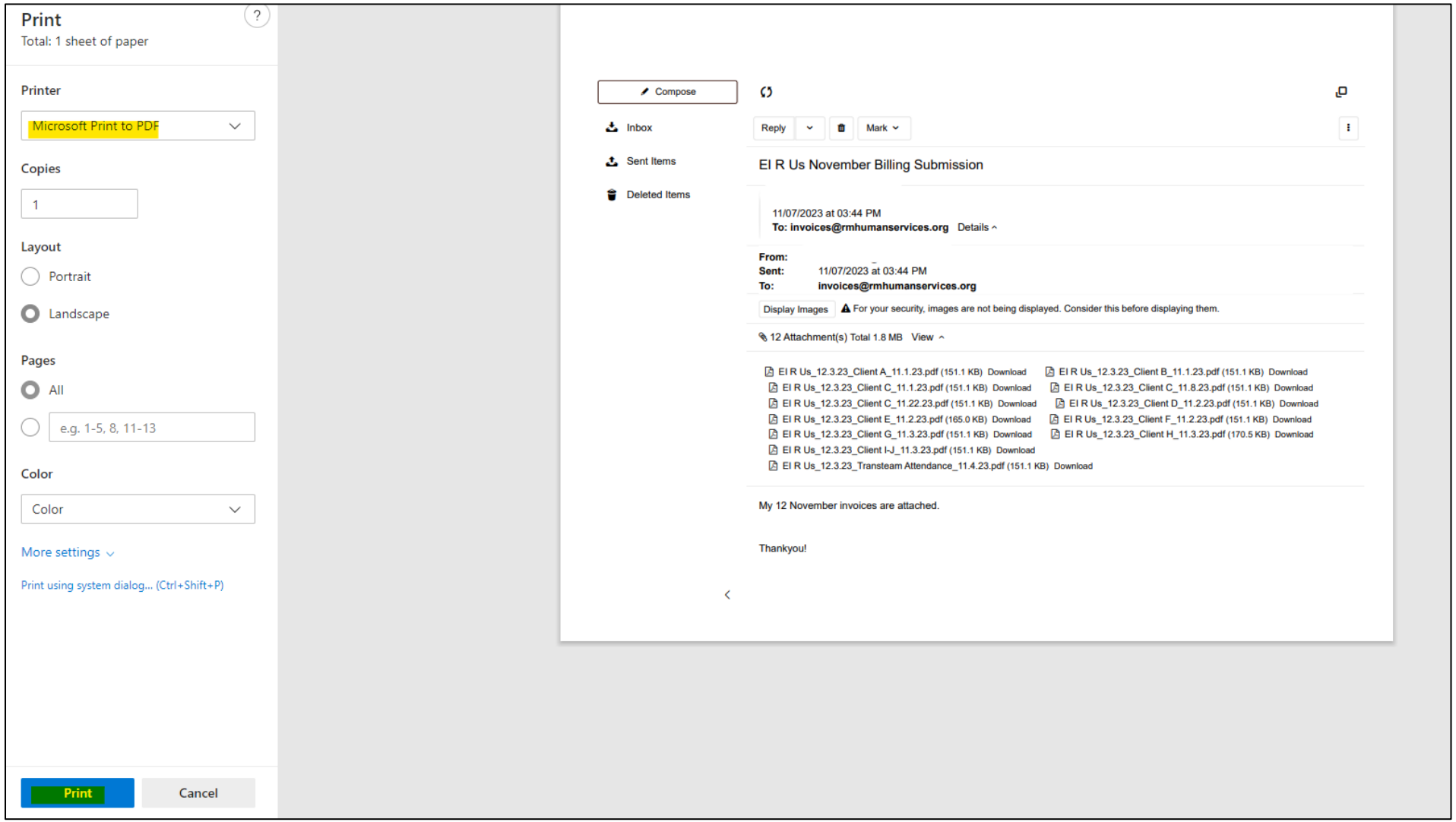
The message will soon appear in the sent folder



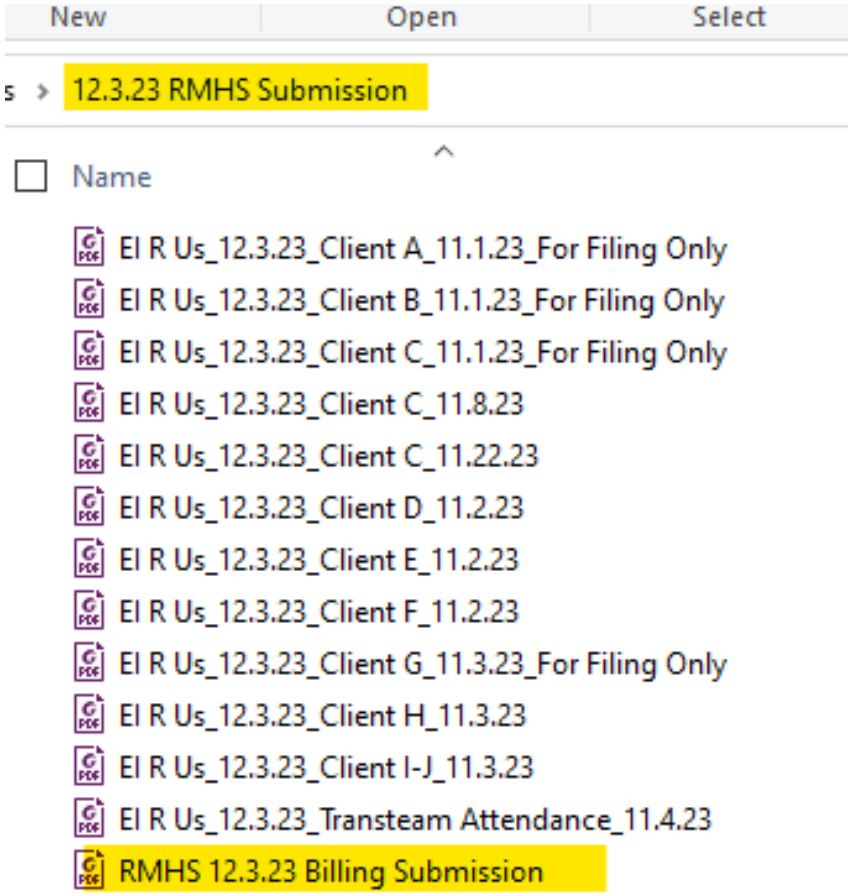
Double click to open the message and select “View” to see all attachments that were sent



An image of the email with all attachments can be saved by using the “Print to PDF” function



Invoices can be saved by submission date with a confirmation of what was sent



Automated Response

Automatic reply: EI R Us November Billing Submission

I Invoices <Invoices@rmhumanservices.org>

To: You

Tue 11/7/2023 3:45 PM

This is an automatic response acknowledging that RMHS has received your email. Your email will be processed within three business days. You will receive a second confirmation email when your invoices have been saved to our queue.

If your email pertains to a question regarding a previous invoice submitted to RMHS or other such billing related questions, please send your inquiry to: Billingquestions@rmhumanservices.org.

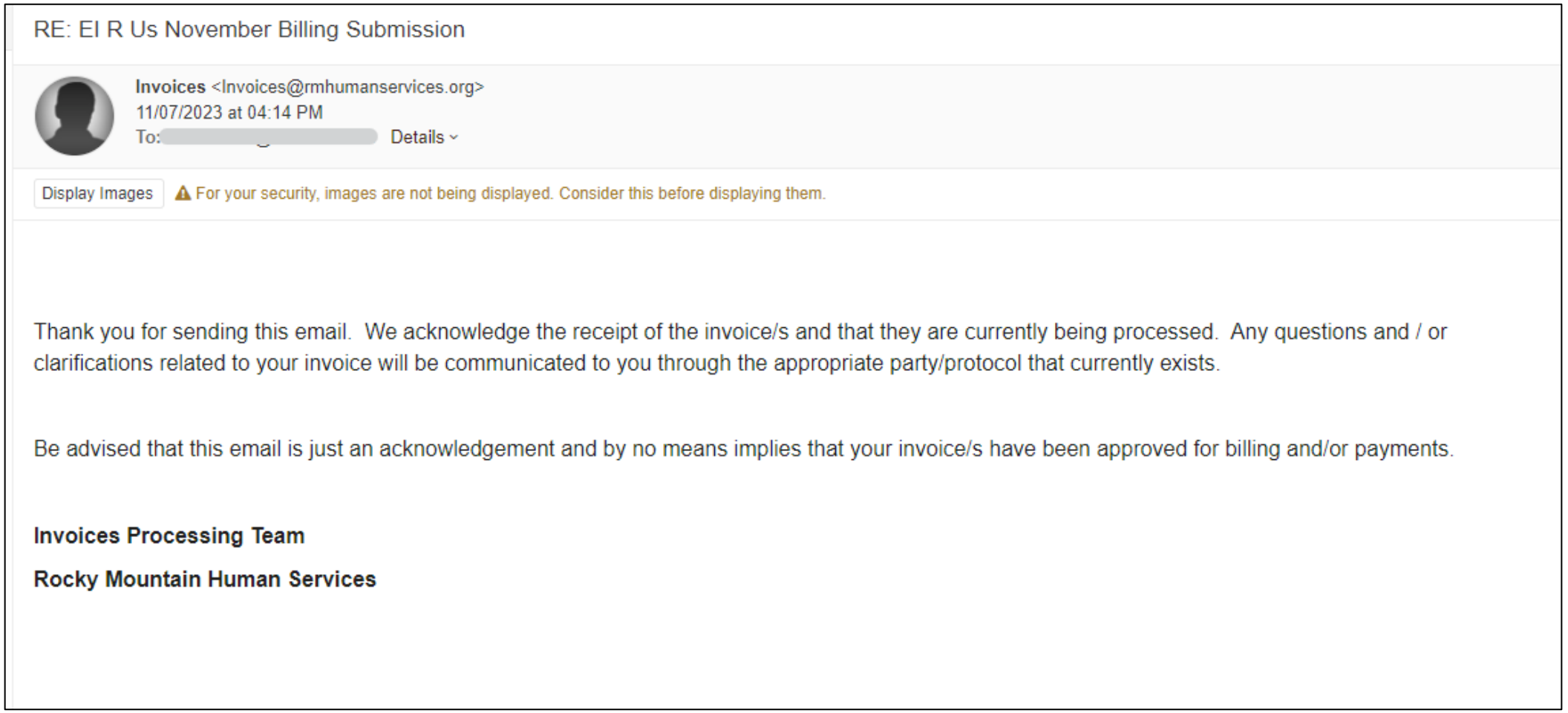
Mill Levy Providers: The ML invoice template has been updated to reflect 7/1/23 rate increases. Please use the updated template found on our website. A video overview of using the template is also available. RMHS | Denver | Rocky Mountain Human Services (rmhumanservices.org)

Important Billing Deadlines	
Monthly Submission	Third business day each month
Services from 7/1/22-5/31/23	Final deadline Monday, June 5th, 2023
Services from 6/1/23-6/30/23	Final deadline Thursday, July 6th, 2023

Invoices Processing Team
Rocky Mountain Human Services

2023 Payment Schedule		
Submission Date Range:		Check Mailed by Date:
12/29/2022	1/4/2023	1/27/2023
1/5/2023	1/11/2023	2/3/2023
1/12/2023	1/18/2023	2/10/2023
1/19/2023	1/25/2023	2/17/2023
1/26/2023	2/1/2023	2/24/2023
2/2/2023	2/8/2023	3/3/2023
2/9/2023	2/15/2023	3/10/2023
2/16/2023	2/22/2023	3/17/2023

Confirmation Files Were Saved



RE: EI R Us November Billing Submission

Invoices <Invoices@rmhumanservices.org>
11/07/2023 at 04:14 PM
To: [redacted] Details

Display Images ⚠ For your security, images are not being displayed. Consider this before displaying them.

Thank you for sending this email. We acknowledge the receipt of the invoice/s and that they are currently being processed. Any questions and / or clarifications related to your invoice will be communicated to you through the appropriate party/protocol that currently exists.

Be advised that this email is just an acknowledgement and by no means implies that your invoice/s have been approved for billing and/or payments.

Invoices Processing Team

Rocky Mountain Human Services

Compliance Issue-Unencrypted Emails

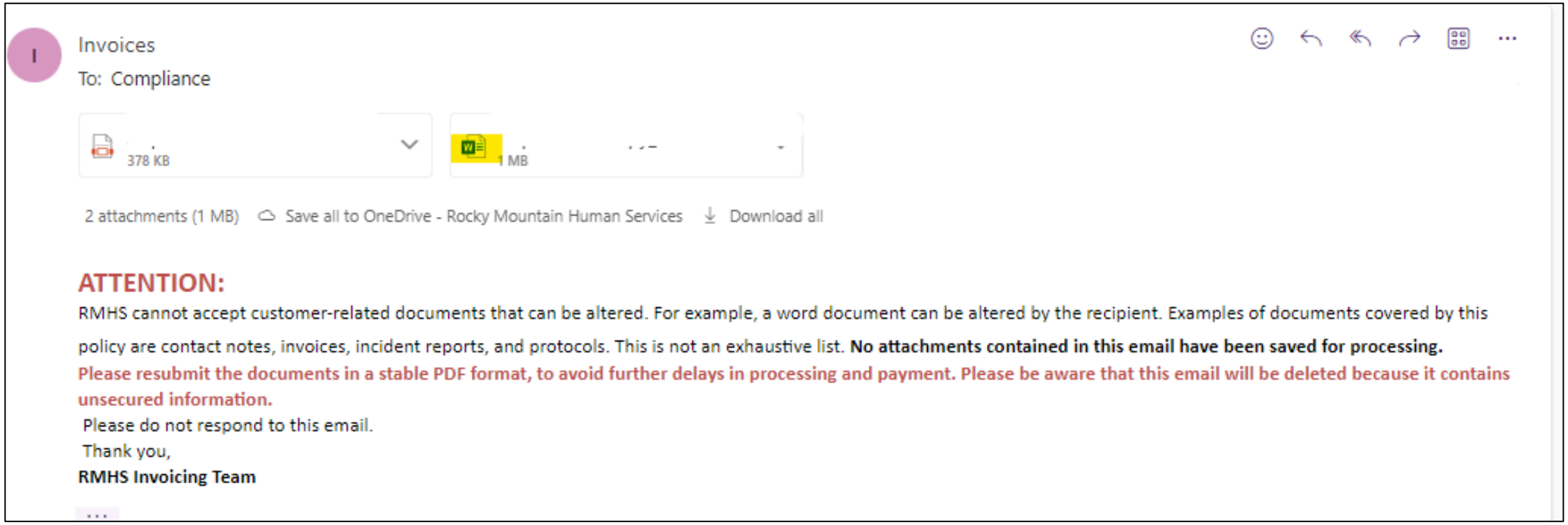
Files are not saved and must be resubmitted!

ATTENTION:

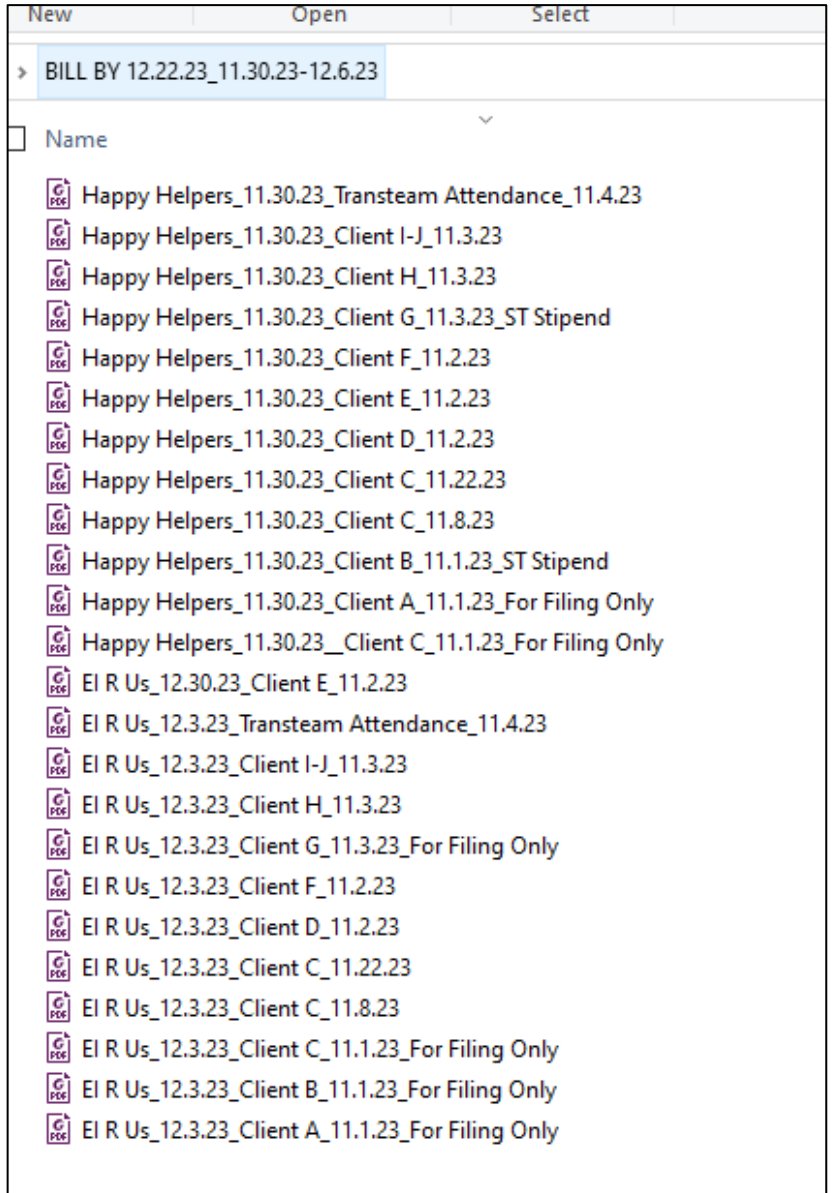
We received an unencrypted email that contains protected health information (PHI). Per HIPAA regulations, all correspondence that contains PHI must be encrypted.
Please resubmit in an encrypted format to avoid further delays in processing and payment. Please be aware that this email will be deleted because it contains unsecured information.
Please do not respond to this email.

Compliance Issue-Live Documents

NO files are saved (including any PDF's) and must be resubmitted!



RMHS Billing Queues: First-In, First-Out



Payment Reconciliation

	RMHS - PROVIDER SERVICES		EI PS 12/29/23			
seq #	V#_Provider Name	CLIENT NAME	SERVICE	Date of Service	Reimb Units	Sum of Amount
148	EI R Us	Client C	Ei Occupational Therapy	11/1/2023	4	103.00
		Client C	Ei IFSP Review	11/8/2023	4	103.00
		Client C	Ei No Show	11/22/2023	1	25.75
		Client D	Ei Occupational Therapy	11/2/2023	4	103.00
		Client E	Ei Annual IFSP	11/2/2023	4	103.00
		Client F	Ei Initial IFSP	11/2/2023	4	103.00
		Client H	Ei Occupational Therapy	11/3/2023	4	103.00
		Client I-J	Ei Occupational Therapy	11/3/2023	4	103.00
		Lindsey Hausman	Ei Transteam	11/4/2023	4	52.00
	EI R US Total				33	798.75

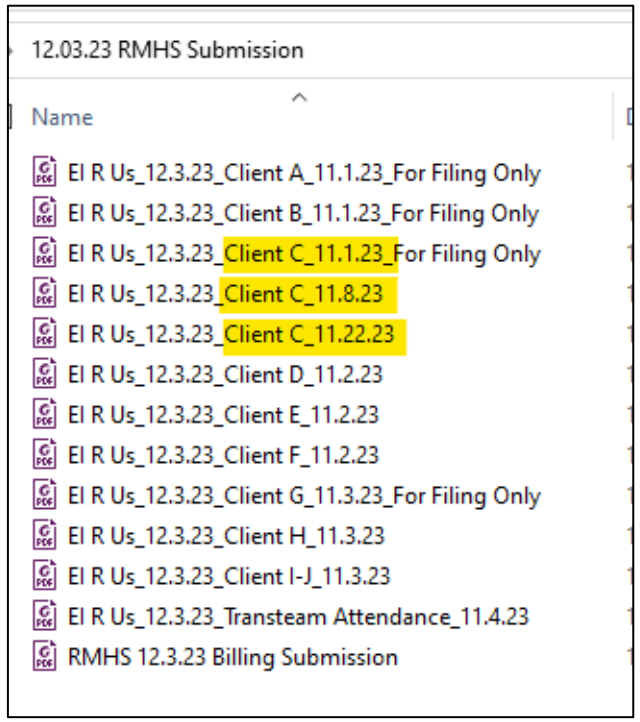
Missing or Incorrect Payments

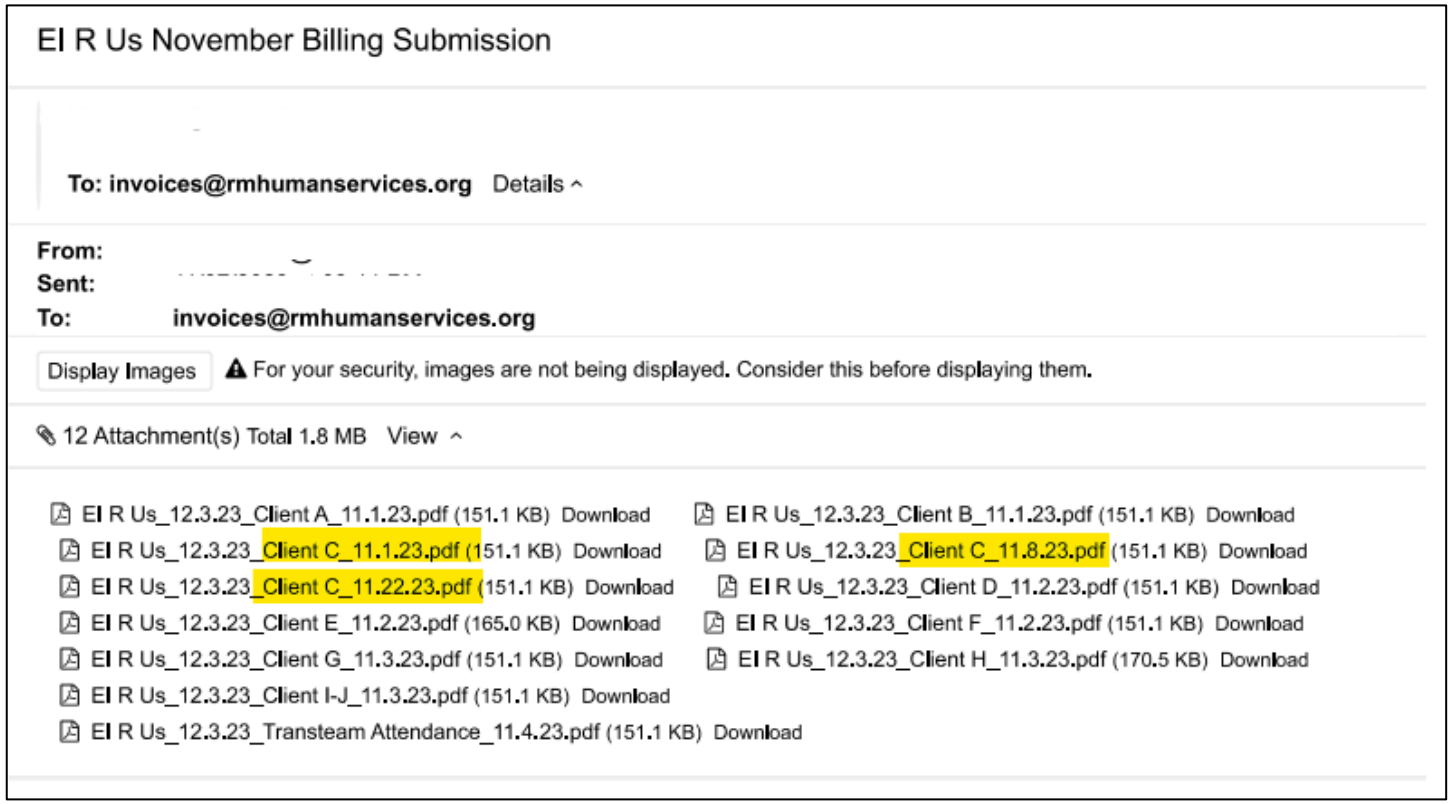
Patient Name	Date of Service	Service	Date Submitted	Submitted To	Expected Payment	Check Date	Actual Payment	Expected Vs. Actual
Client A	11/1/2023	OT	12/3/2023	Medicaid	$ 103.00	12/9/2023	$ 103.00	$ -
Client B	11/1/2023	OT	12/3/2023	Anthem	$ 50.00	1/5/2024	$ 50.00	$ -
Client B	11/1/2023	OT	12/9/2023	Medicaid	$ 50.00	12/14/2023	$ 50.00	$ -
Client C	11/1/2023	OT	12/3/2023	RMHS	$ 103.00	12/29/2023	$ 103.00	$ -
Client C	11/8/2023	IFSP Review	12/3/2023	RMHS	$ 103.00	12/29/2023	$ 103.00	$ -
Client C	11/15/2023	OT	12/3/2023	RMHS	$ 103.00	12/29/2023	$ -	$ (103.00)
Client C	11/22/2023	No Show	12/3/2023	RMHS	$ 25.75	12/29/2023	$ 25.75	$ -
Client D	11/2/2023	OT	12/3/2023	RMHS	$ 103.00	12/29/2023	$ 103.00	$ -
Client E	11/2/2023	Annual IFSP	12/3/2023	RMHS	$ 154.50	12/29/2023	$ 103.00	$ (51.50)
Client F	11/2/2023	Initial IFSP	12/3/2023	RMHS	$ 103.00	12/29/2023	$ 103.00	$ -
Client G	11/3/2023	OT	12/3/2023	CHP+	$ 100.00	12/29/2023	$ 100.00	$ -
Client H	11/3/2023	OT	12/3/2023	RMHS	$ 51.50	12/29/2023	$ 103.00	$ 51.50
Client I-J	11/3/2023	OT	12/3/2023	RMHS	$ 103.00	12/29/2023	$ 103.00	$ -
Transteam Meeting	11/4/2023	Transteam Meeting	12/3/2023	RMHS	$ 52.00	12/29/2023	$ 52.00	$ -

Verify Billing is Accurate and Submitted

Missed billings can be submitted to the Invoices inbox. Invoices *may* not be paid if the DOS is outside of timely filing (i.e., the fiscal year deadline)

Patient Name	Date of Service	Service	Date Submitted	Submitted To	Expected Payment	Check Date	Actual Payment	Expected Vs. Actual
Client C	11/15/2023	OT	12/3/2023	RMHS	$ 103.00	12/29/2023	$ -	$ (103.00)





Verify Billing is Accurate and Submitted

Patient Name	Date of Service	Service	Date Submitted	Submitted To	Expected Payment	Check Date	Actual Payment	Expected Vs. Actual
Client E	11/2/2023	Annual IFSP	12/3/2023	RMHS	$ 154.50	12/29/2023	$ 103.00	$ (51.50)

RMHS
Rocky Mountain Human Services

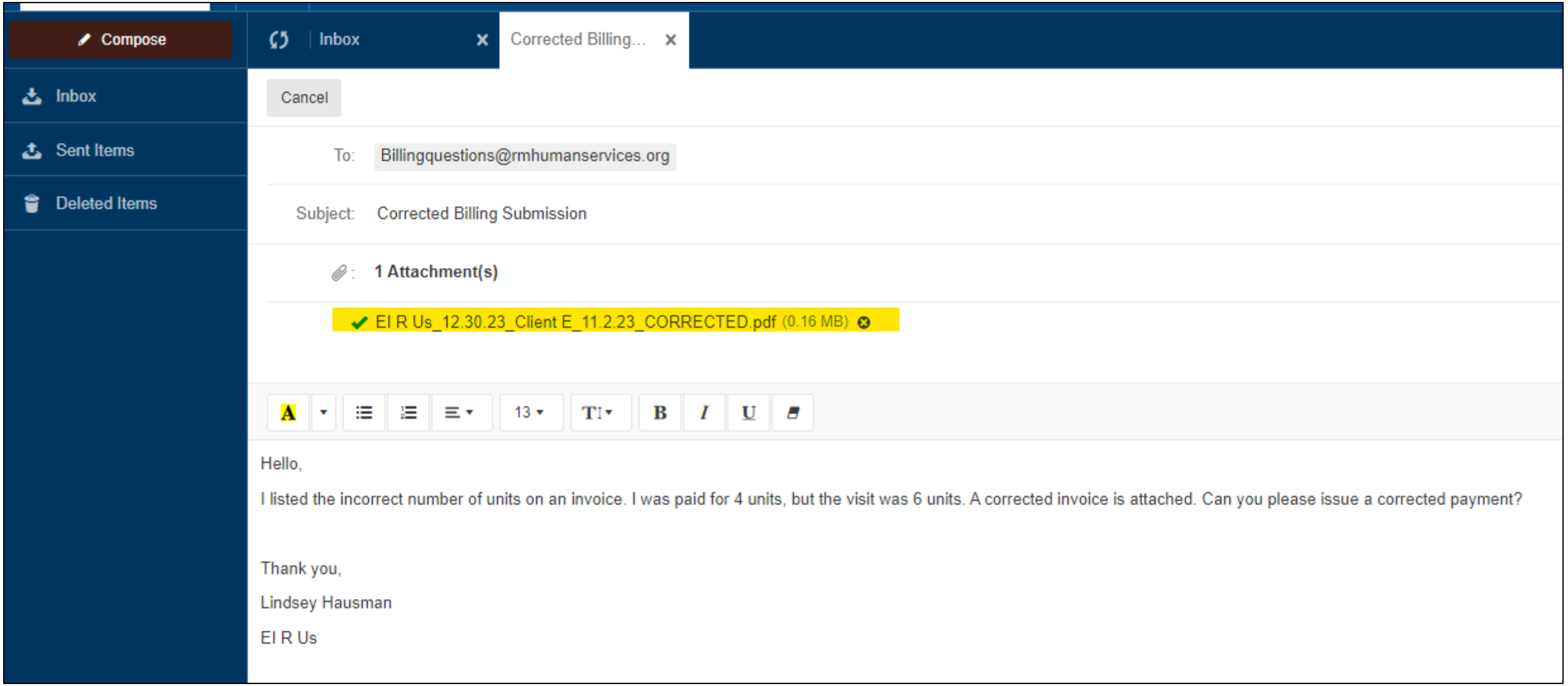
Early Intervention Program Progress Note

Client Name: Client E	**Client Date of Birth:** 11/2/2023
Provider's Name: Lindsey Hausman	**Provider's Company Name:** EI R Us
Service Location: 10- Telehealth (Client in Home)	**Telehealth Modality:** Audio/Visual
ICD-10 Diagnosis: R62.0	**Date of Service:** 11/2/2023
EI Service: IFSP- Annual	**Provider Verified Insurance:** ☒
Note Type: SGF Only Service (Non-CPT Codes- EX: DI, Soc Em, No Shows, IFSP's, Etc.)- RMHS Bills	

Billing Information:

Select a Service Code or Type a CPT Code	Units	Duration
Annual Review	4	**Start Time:** 12:00 PM **End Time:** 1:30 PM **Total Minutes:** 90

Emailing Billing Questions



Verify Billing is Accurate and Submitted

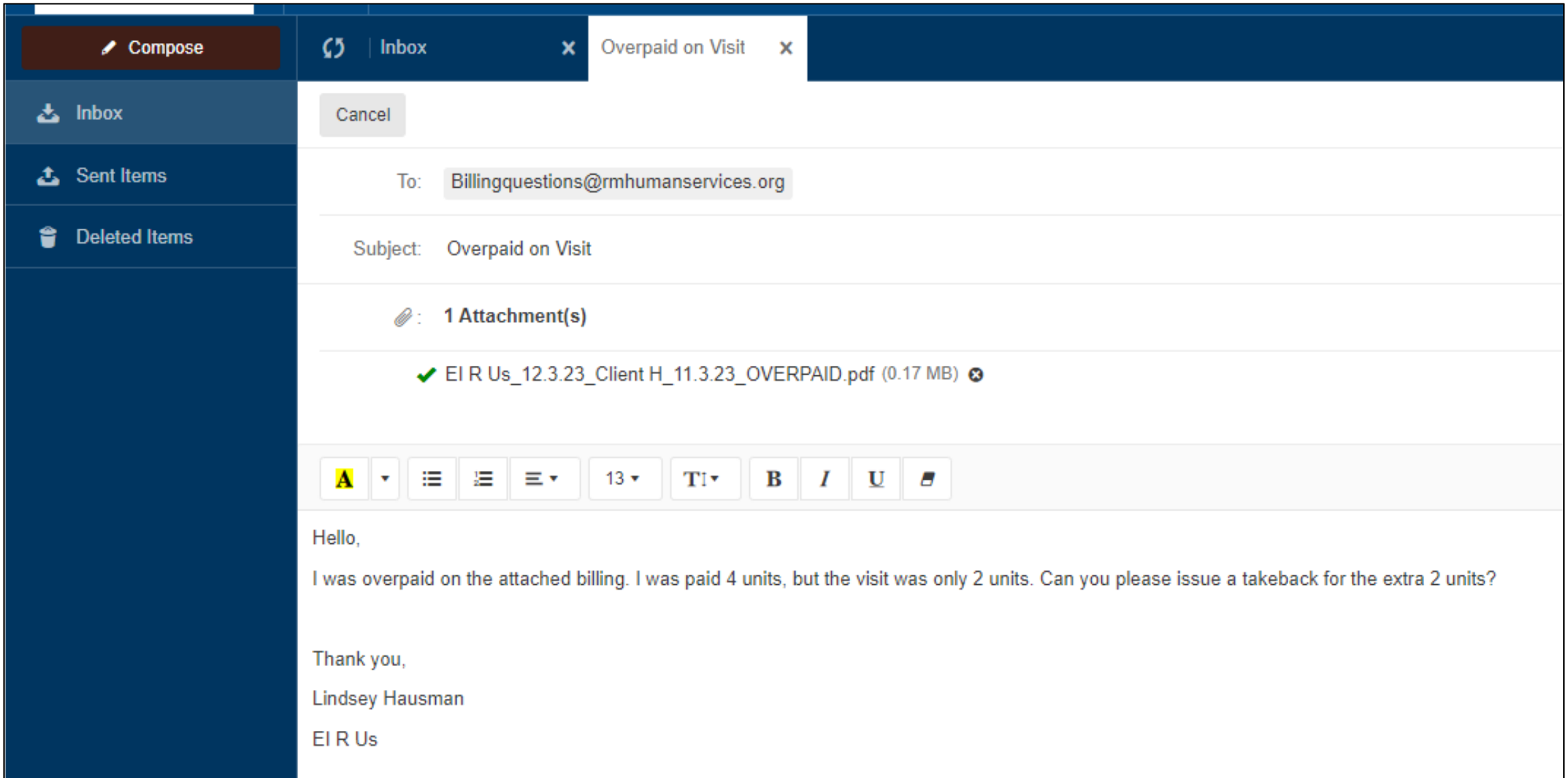
Patient Name	Date of Service	Service	Date Submitted	Submitted To	Expected Payment	Check Date	Actual Payment	Expected Vs. Actual
Client H	11/3/2023	OT	12/3/2023	RMHS	$ 51.50	12/29/2023	$ 103.00	$ 51.50

RMHS
Rocky Mountain Human Services

Early Intervention Program Progress Note

Client Name: Client H	**Client Date of Birth:** 2/1/2022
Provider's Name: Lindsey Hausman	**Provider's Company Name:** EI R Us
Service Location: 12- Home	**Telehealth Modality:** Audio/Visual
ICD-10 Diagnosis: R62.0	**Date of Service:** 11/3/2023
EI Service: Occupational Therapy	**Provider Verified Insurance:** ☒
Note Type: Private Insurance Exemption on File- RMHS Bills	

Billing Information:

Select a Service Code or Type a CPT Code	Units	Duration
97530	2	**Start Time:** 1:30 PM **End Time:** 2:00 PM **Total Minutes:** 30

Emailing Billing Questions