EasySteps One-Click Billing Policy

Please read the following One-Click Billing Policy carefully. By enrolling in and using EasySteps One-Click Billing, you acknowledge that you have read and agree to the following policy and One-Click Billing Guidelines:

- All EasySteps fees must be current for One-Click Billing to remain active. Billing services will be suspended any time an account becomes delinquent.
- If you cancel a billing service, claims for dates of service during the canceled period are ineligible to be sent through EasySteps One-Click Billing.
- The provider who performs the billed service must have an active EasySteps account. Claims cannot be sent for services rendered by assistants/providers who do not have an EasySteps account.

EasySteps CFO One-Click Billing Guidelines

The CFO Claim Process

1. The provider creates a claim for a Daily Contact Note, Meeting Note, etc.
2. The EasySteps Billing Team locates the authorization in LAEIKIDS and submits the claim. The payment details are updated in the EasySteps billing reports.
3. For missing authorizations, EasySteps emails the FSC and provider.
4. EasySteps Billing Team monitors claims awaiting authorizations to ensure all claims with an authorization are adjudicated before each CFO Check Run deadline.
5. EarlySteps issues payments 5 to 7 business days after the Check Run date.

Billing Deadlines for CFO Claims

EasySteps processes CFO claims manually as they are entered into EasySteps. To ensure your claims are processed promptly, please submit claims as soon as possible after services are provided. Because the CFO claims entry process is time-consuming, EasySteps requests all claims be submitted **no later than 5PM on the Friday prior to the biweekly CFO Check Run Deadline.** On the deadline Monday, EasySteps will focus only on new claims, problem claims, and meeting claims. Older claims that are not submitted timely and any new Monday claims submitted after 5PM on Monday may not be processed until the next Check Run Deadline.

> **TIP:** If using the Offline App, always sync after creating claims. EasySteps does not receive claims created in the offline app until they are synced.

In addition, EasySteps will attempt to process **meeting claims at least once per week**, including **each deadline Monday**. If meeting authorizations are entered by the SPOE after 2PM on deadline Monday, those meeting claims may process on the **next** Check

Run Date. If you become aware that an auth was entered on cutoff day, feel free to send an email to us at billing@easystepsla.com to let us know and we will get it billed, or providers may manually submit the claim and mark it in EasySteps as **'Billed by Provider.'**

How CFO One-Click Billing Works

In the Reports area of your EasySteps app, CFO claims are separated into Direct Services (ongoing therapy) and Meetings/Evaluations. All claims flow through the system and can be found in one of three categories: 1) To Bill, 2) In Process, or 3) Paid. With EasySteps One-Click Billing, you can approve claims with just one click and track claims as they progress through the system. We manage the entire process for you, including requesting authorizations. Please read this document in its entirety to understand how we assist you and what your responsibilities are to ensure timely payment of all claims.

1. CFO Claims - To Bill

Claims can be created directly from the Daily Contact Note or in the Billing Reports. Claims must be created by the supervising provider. Because all claims are billed with the supervising therapists' NPI, assistants do not have billing capabilities, and all claims must be created by the provider with billing capabilities. Before submitting claims, review each claim carefully (i.e., date of service, length of service, and location). Once claims are created, claims can then be viewed in the *CFO Claims In Process* report.

Create an Individual Claim Directly from the Note:

After completing a Daily Contact Note or Meeting Note, click the *Magic Wand* icon at the top of the Note. The *Magic Wand* scans the note for errors and missing information and allows the billing provider to create and send the claim directly to billing.

Create Claim(s) in the Billing Reports:

To send individual and/or bulk claims, go to: *Reports > CFO Claims to Bill.* All claims in this list can be sent in one click by selecting "Bill All" at the top of the page. Or claims can be selected individually by adding a checkmark to the left of the claim(s). If any important claim information is incomplete (i.e., location), that item will turn *red* and can be corrected directly on this report. Claims will not be created if any required claim information is missing.

2. CFO Claims - In Process

The *CFO Claims In Process* report is a list of all outstanding claims. The claim status is listed next to each claim. Claims will stay in the *In Process* report until

they are billed or deemed unbillable. It is the responsibility of the billing provider to correct claims and/or assist with obtaining an authorization when the regular emails do not resolve the issue. Once submitted to the payer and fully adjudicated (scheduled to be paid on the next CFO Check Run), claims automatically move to the *CFO Claims Paid* report.

> **TIP:** You may view or edit notes by clicking 'View Note.' Once a claim is submitted to the payer, claim details such as date or service and length of service are no longer editable. This ensures all notes match the corresponding claim.
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> **TIP:** Duplicate claim rejections occur when two notes have the same date and time of service. Duplicate claims will automatically be archived.
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> **TIP:** You may 'Archive Claim' for any items you do not need EasySteps to bill. Archived claims move to the 'Archived Claims' report.

3. CFO Claims – Paid

EasySteps records payment details for claims so you can easily track all paid claims within your EasySteps app. The *CFO Claims Paid* report lists all claims to be paid on each Check Run date. Payment totals are shown at the bottom of the report so you can view expected payments for each check run.

CFO Authorizations Managed by EasySteps

All CFO authorizations for patients billed to the CFO are fully maintained by the EasySteps Billing Team and can be found at-a-glance on the *Patient List*. The EasySteps billing team updates the authorization dates, units, frequency, and intensity as needed—**the auth end dates are locked** to ensure accurate information for the EasySteps billing system and to ensure accurate details for emails. Authorization details will be updated when EasySteps bills the first visit under the new authorization.

Emails to Obtain Authorizations

Authorizations for CFO claims are entered into LAEIKDS at the SPOE after an Authorization Request is sent to the SPOE from the intake coordinator / FSC. Obtaining authorizations can be time-consuming and varies by region. EasySteps sends reminder emails approximately every 10 days to the FSC or Intake Coordinator email address listed in the chart. The billing provider is CC'd on each email.

> **TIP:** Meeting minutes and other forms from EarlySteps Online are not helpful to EasySteps for billing claims. Those forms are used by the SPOE to enter authorizations in the system. Until an authorization is entered in LAEIKIDS, EasySteps cannot bill the claim.

TIP: It is the responsibility of the provider to maintain the correct FSC email address in each patient chart. If an FSC email address is not in the patient chart, EasySteps will email the provider only with instructions to forward the email to the FSC. Once the provider updates the FSC email in the patient chart, future emails will automatically use the updated information. It is unnecessary to notify EasySteps of any updates to FSC email addresses.

How to Correct / Delete a Claim

Claims can be corrected or deleted by the provider any time before the claim is billed by EasySteps. Once a claim has been fully adjudicated, the provider must make a claim correction request by email to EasySteps (include the child's name, date of service, and what needs to be corrected). EasySteps will then ensure both the claim and note attached to the claim are corrected. *Note: Claim correction typically takes up to two weeks for the payer to process the correction.*

CFO Remittances

The CFO Remittance (a.k.a. "Claims List") is the detailed list of paid and denied claims for each check run period and located in your LAEIKIDS account. EasySteps does not receive or have access to CFO remittances. Therefore, it is the responsibility of the provider to review CFO remittances for any denied claims (i.e., claims are often denied due to "Medicaid Eligible").

TIP: Watch the video below to learn how to find your CFO Remittance.
https://youtu.be/fNgJbrQyMsI

CFO Money Recoupment

EasySteps is not notified of any CFO fund recoupments. These recoupments typically occur when a child's insurance coverage is retroactively changed to Medicaid, triggering the EarlySteps CFO to recoup money. The EarlySteps CFO policy is to recoup up to 90 days, depending on the Medicaid reinstatement date. When insurance coverage changes from CFO to Medicaid, EasySteps refiles these claims to Medicaid, often before the CFO recoups any money. Because EasySteps does not receive CFO remittances, CFO recoupments amounts are not maintained in EasySteps. If you discover recoupments that have not yet been filed to Medicaid, please send an email to EasySteps with the child's name and the oldest service date recouped, and EasySteps will then bill them to Medicaid.

EasySteps Procedures for CFO Claim Problems

Emails are sent to the provider and FSC email listed in the chart when claims are unable to be billed. EasySteps Billing Team communicates exclusively by email. Providers are encouraged to follow up directly with FSCs or Regional Coordinators when necessary.

All claims are archived when the claim problem is unresolved, there is no guidance from the provider, and/or the claim is deemed unbillable – no more than 6 weeks after the claim was created. The date a claim is scheduled for archive is provided in the email as well as in the *CFO Claims In Process* report.

No Auth

The claim status "No Auth" indicates that there is not currently an authorization available to bill for that service/date. A claim with status of 'No Auth' will remain in the *CFO Claims In Process* report and EasySteps will email authorization requests and continue to search for the authorization until the authorization is obtained.

Auth Expired

The authorization for the date of service on the claim is expired. EasySteps will email authorization requests to attempt to obtain an authorization. A claim with status of 'Auth Expired' will remain in the *CFO Claims In Process* report and EasySteps will email authorization requests and continue to search for the authorization until the authorization is obtained.

Over the Filing Limit

Per the EarlySteps Provider Manual (Chapter 10, p.16): "Billing must be submitted within 60 days of the date of service using the online provider system. Claims received after this period will be denied," as "Over the Filing Limit." Once rejected, a claim override by the Regional Coordinator is required to be paid. Claim overrides are not guaranteed. If a claim is denied as "Over the Filing Limit," you will receive an email with instructions to request a claim override.

Insufficient Units

When a claim is billed and the authorization does not have enough units available, EasySteps will send an email to the billing provider, and the provider must correct the claim or request the claim to be billed with the units available. After two weeks of no response, the claim will be billed as submitted and instructions will be emailed to request a claim override to receive payment. (Note: overrides are not guaranteed and must be approved by the Regional Coordinator).

Date Discrepancy

There is an authorization for the claim; however, the date on the authorization in LAEIKIDS and the date on the claim in EasySteps do not match. EasySteps will send an email to the billing provider for the next steps. If the date on the claim in EasySteps is incorrect, the provider must correct the date. Or, if the date on the authorization in LAEIKIDS is incorrect, it is the responsibility of the provider to contact the FSC to request a correction of the authorization.

Incorrect Auth

There is an authorization for the claim; however, the authorization in LAEIKIDS does not match the claim submitted in EasySteps (i.e., claim details such as CPT code, place of service, pay rate, etc.). EasySteps will send an email to the billing provider and the FSC to ensure the claim is submitted correctly.

Billed by Provider

In the event a provider chooses to bill a claim to the CFO instead of allowing EasySteps to bill the claim, the provider should mark the claim as "billed by provider" in the *CFO Claims In Process* report to move the claim to the *CFO Claims Paid* report.

Provider Responsibilities

To ensure timely and accurate payment, providers must:

- Submit claims promptly after each service.
- Verify all patient and claim information including date of service, name spelling, and units.
- Review for duplicate claims before claims submission.
- Maintain current FSC and Region information in each patient chart.
- Monitor your email for CC'd correspondence and follow up as needed.
- Review CFO remittances in LAEIKIDS.