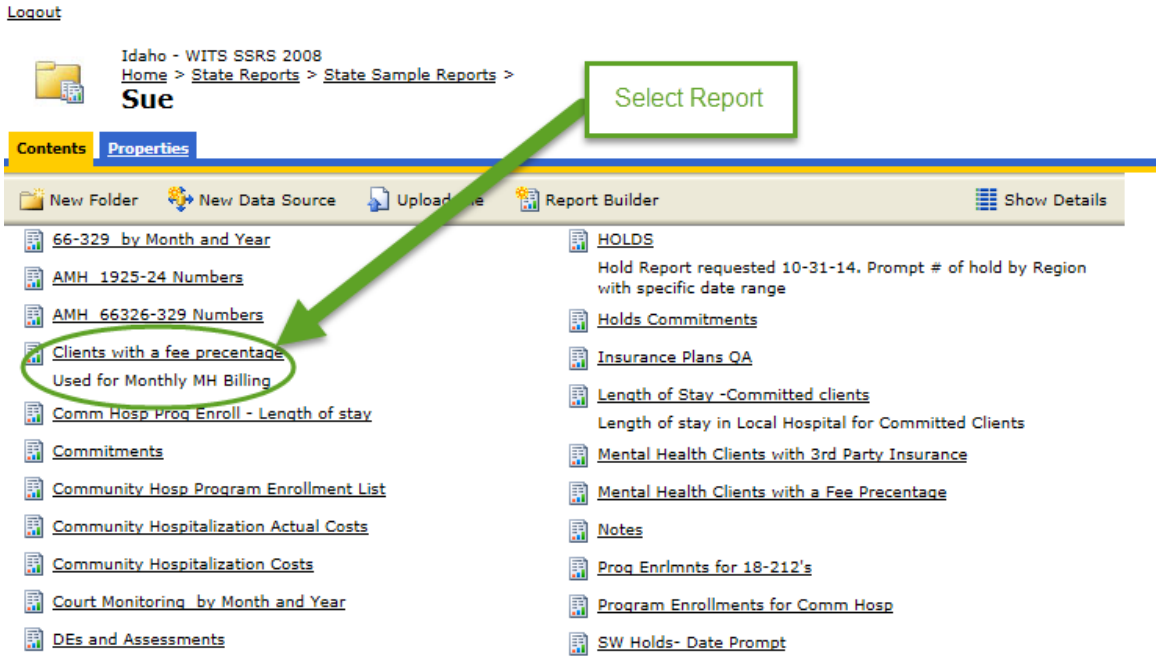
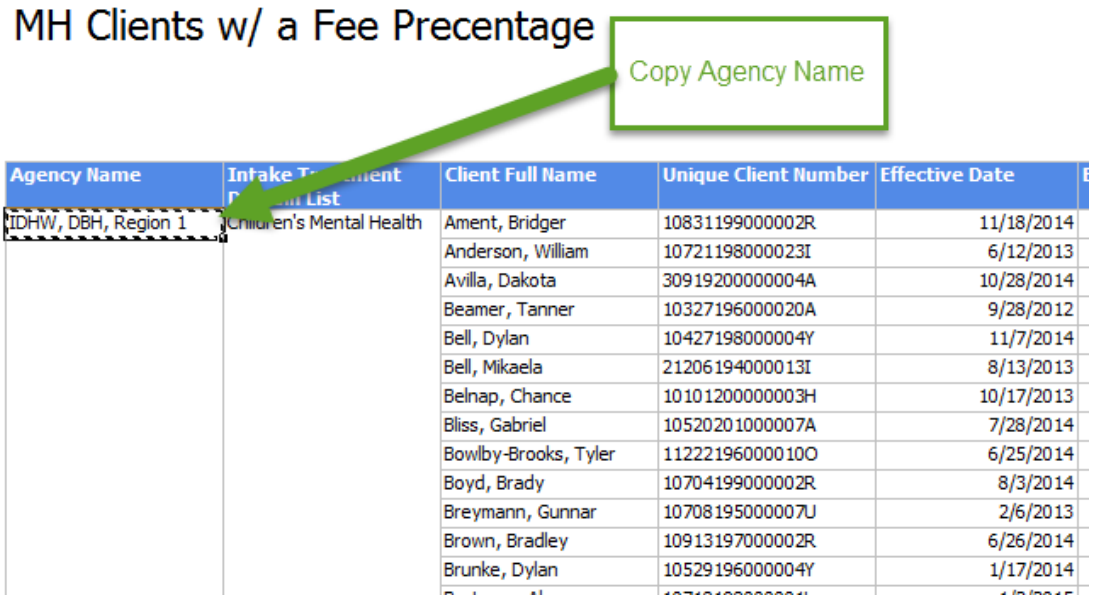
MH Billing –C.O.

1. Run Fee Determination Report from SSRS.
   State Reports/State Sample Reports/Sue/Clients W/Fee Percentage



Export report to Excel.
Save to the share drive under :WITS/MH Billing/FY2015/December15/December
Clients with a Fee percentage This info will be changed for each Month and FY
Under Agency Name: Copy the "Agency Name"



Agency Name	Intake Treatment Program List	Client Full Name	Unique Client Number	Effective Date
IDHW, DBH, Region 1	Children's Mental Health	Ament, Bridger	10831199000002R	11/18/2014
		Anderson, William	10721198000023I	6/12/2013
		Avilla, Dakota	30919200000004A	10/28/2014
		Beamer, Tanner	10327196000020A	9/28/2012
		Bell, Dylan	10427198000004Y	11/7/2014
		Bell, Mikaela	21206194000013I	8/13/2013
		Belnap, Chance	10101200000003H	10/17/2013
		Bliss, Gabriel	10520201000007A	7/28/2014
		Bowlby-Brooks, Tyler	11222196000010O	6/25/2014
		Boyd, Brady	10704199000002R	8/3/2014
		Breymann, Gunnar	10708195000007U	2/6/2013
		Brown, Bradley	10913197000002R	6/26/2014
		Brunke, Dylan	10529196000004Y	1/17/2014

and paste in each row for the appropriate Agency.

Agency Name	Intake Treatment Domain List	Client Full Name	Unique Client Number	Effec
IDHW, DBH, Region 1	Children's Mental Health	Ament, Bridger	10831199000002R	
IDHW, DBH, Region 1		Anderson, William	10721198000023I	
IDHW, DBH, Region 1		Avilla, Dakota	30919200000004A	
IDHW, DBH, Region 1		Beamer, Tanner	10327196000020A	
IDHW, DBH, Region 1		Bell, Dylan	10427198000004Y	
IDHW, DBH, Region 1		Bell, Mikaela	21206194000013I	
IDHW, DBH, Region 1		Belnap, Chance	10101200000003H	
IDHW, DBH, Region 1		Bliss, Gabriel	10520201000007A	
IDHW, DBH, Region 1		Bowlby-Brooks, Tyler	11222196000010O	
IDHW, DBH, Region 2	Children's Mental Health	Ashby, Sarah	20804198457919A	
IDHW, DBH, Region 2		Cane, Alexus	21017199000001L	
IDHW, DBH, Region 2		Larsen, Jordan	20720199638910O	
IDHW, DBH, Region 2		Lundgren, David	10317201000004A	
IDHW, DBH, Region 2		Neelon, Alexandra	20926198523001L	
IDHW, DBH, Region 3	Children's Mental Health	Aberasturi, Gabriela	21029199611307A	
IDHW, DBH, Region 3		Anderson, Elizabeth	21002200000005L	
IDHW, DBH, Region 3		Atteberry, Karlee	21221198000011A	
IDHW, DBH, Region 3		Bartrop, Keegan	10704195938611E	
IDHW, DBH, Region 3		Begin, Sean	10202197270319E	
IDHW, DBH, Region 3		Benzel, Austin	10120203000001U	

Paste (in cells up to next Agency

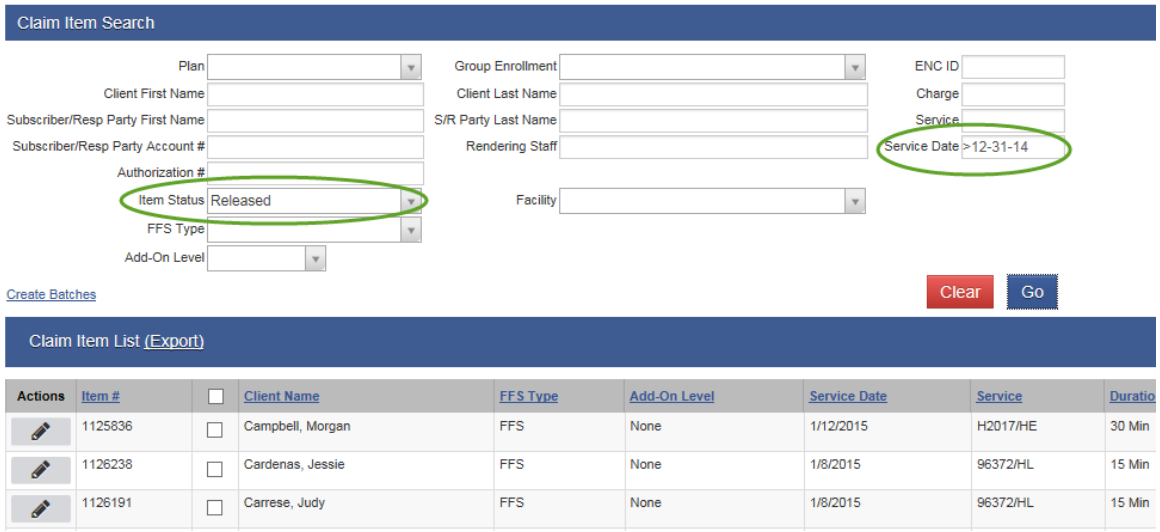
Highlight Header Row and add a Filter.

MH Clients w/ a Fee Precentage

Agency Name	Client Full Name	Unique Client Number	Expiration Date	Fee Percentage
IDHW, DBH, Region 1	Ament, Bridger	10831199000002R		55
IDHW, DBH, Region 1	Anderson, William	10721198000023I	5/7/2014	100
IDHW, DBH, Region 1	Avilla, Dakota	30919200000004A		100

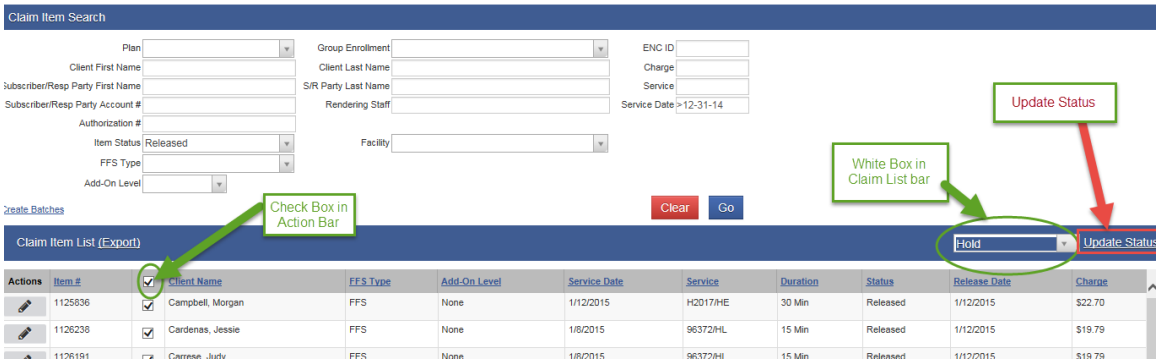
SAVE

OPEN WITS
For Each Region: (1 through 7)
Select Agency/ Billing/ Claim Item List
(in Top Portion of Screen)
Select- Item Status: **Released** Service Date : **> (last day of previous month)**

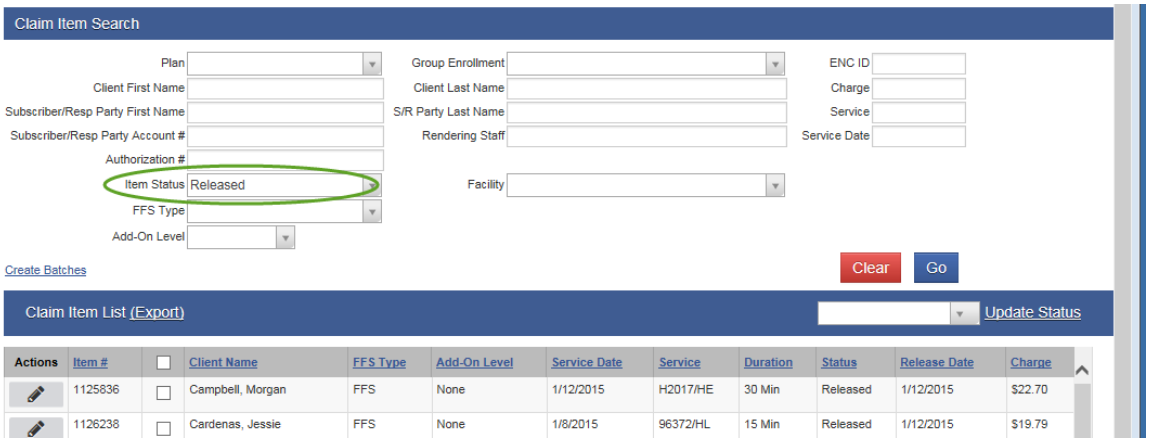


Screen will populate with all items released after the Last day of the Previous Month.

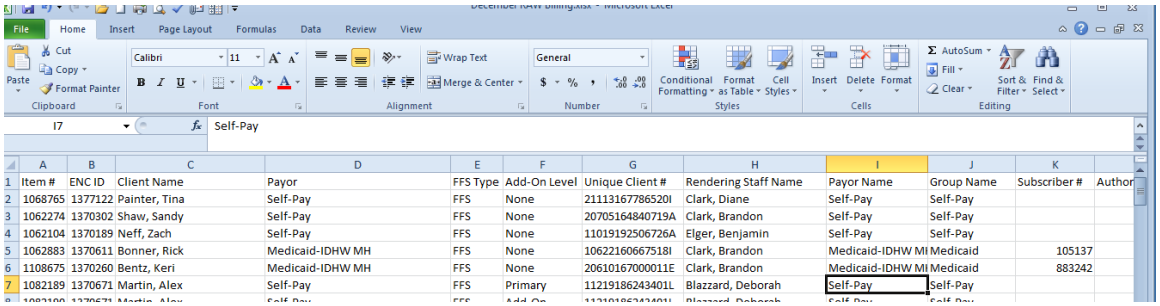
From the Gray Actions bar place a checkmark in the box next to the Client name (Checkmarks each line in this criteria)
In the White box (on Blue claim list bar) select: HOLD and choose Update Status
*this moves billing lines for the upcoming month to a hold file temporarily for the purpose of maintaining a consistent "cut-off date" for monthly report tracking.



From Same Screen change selections to: **Released** (service date blank) and select "Go"

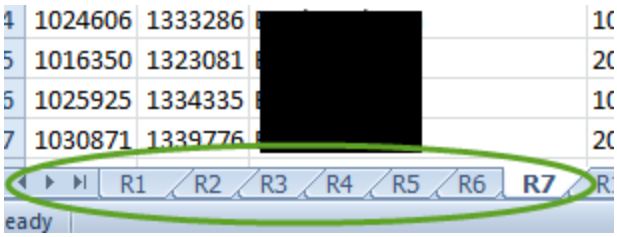


While holding down the "Shift" key - Select: (Export) From the Blue Claim Item List bar. Information will be exported to an Excel Spreadsheet.
Open the spreadsheet and save as **V:WITS/MHBilling** December Raw billing.xlsx…….
Will change with each new month



Insert tabs on the spreadsheet for Each Region. Extract the data for each region, then Copy and Paste the Exported data into the corresponding "Tab"

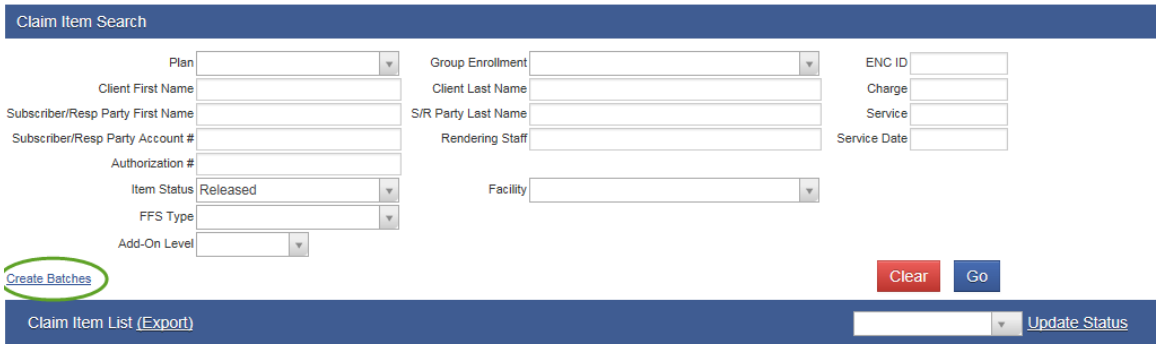
SAVE



********* To be Continued*********

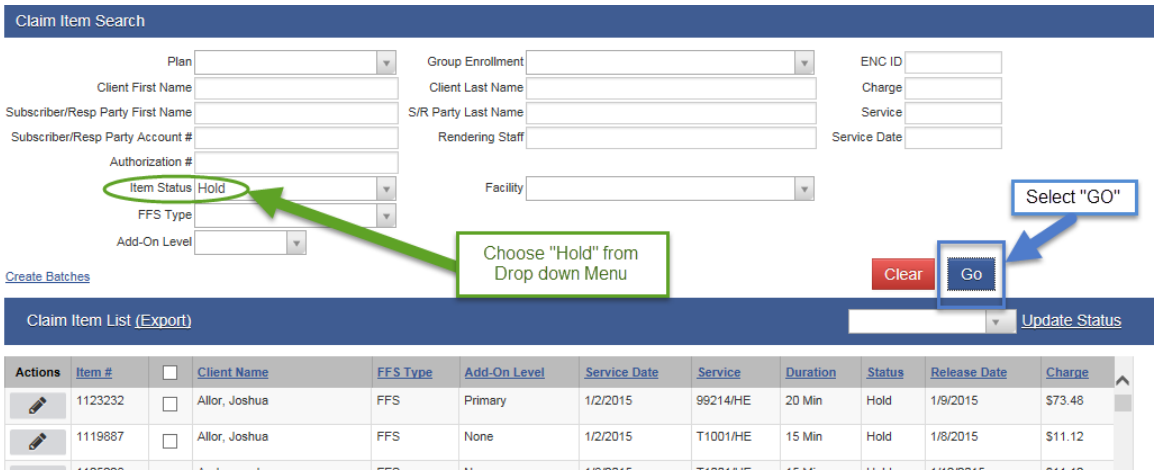
After export is complete and data is saved for each Region, From the same WITS screen

Select: **Create Batches**



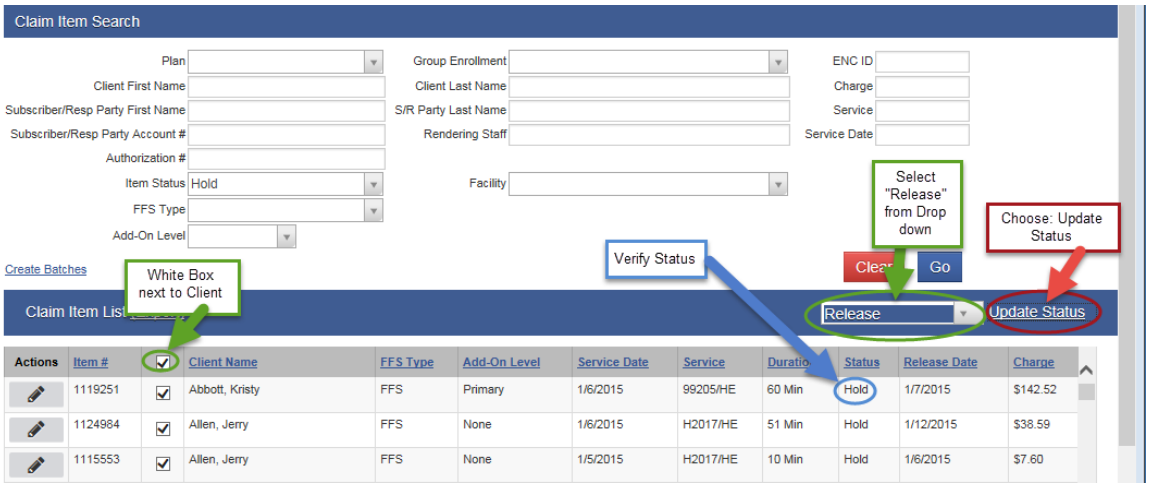
*****This batches <u>ALL</u> released billing lines for the selected Agency***

Now that all released billing lines prior to the 1st of the current month have been batched, (on the same WITS screen) change item status selection to: **HOLD** and select "GO"



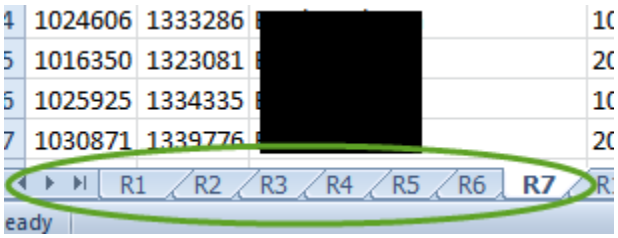
When the screen populates with “Hold” items: check the box next to the Client Name; verify status of Hold, and select Release from the drop down and “Update Status”

** This moves current billing back to release status in preparation for next month’s billing



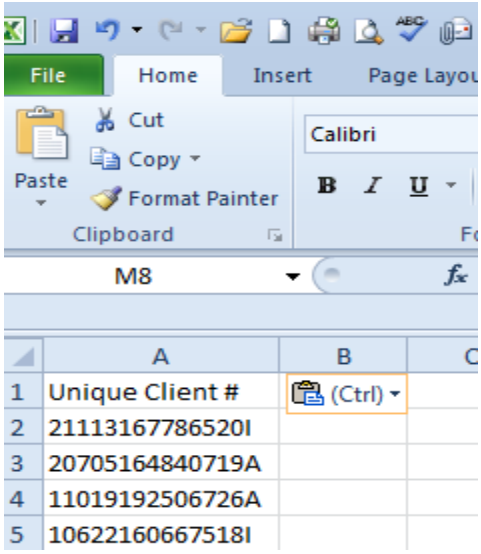
********* Continued from above*********

Return to the spreadsheet you saved in **V:WITS/MHBilling……..**

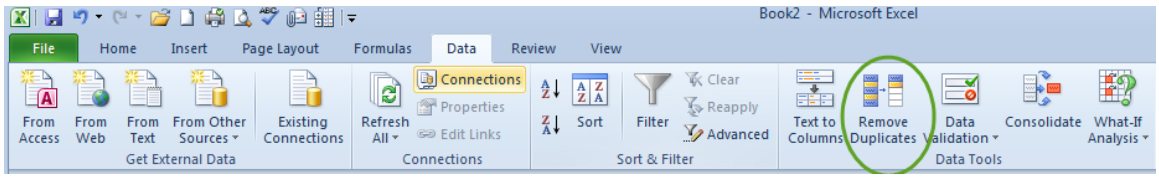


Delete column AM –Unsigned Note and change the header to Fee % to the next Column.

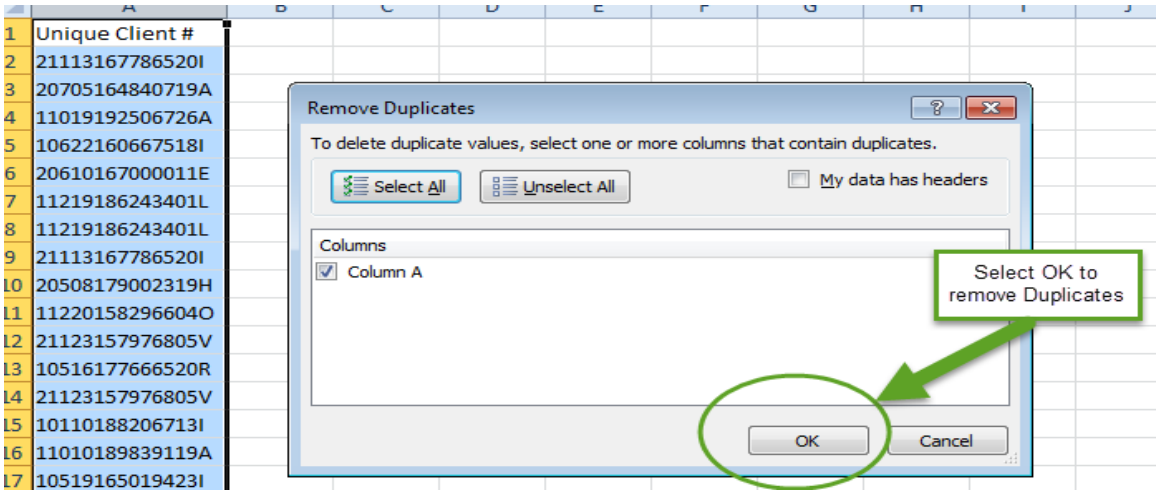
Open a Blank Spreadsheet in Excel. Highlight the Column titled “Unique **Client #** “ in Region 1 tab And Paste it into the Blank Tab



From Tool Bar select: Data - Remove Duplicates



Select "OK" to Remove Duplicates



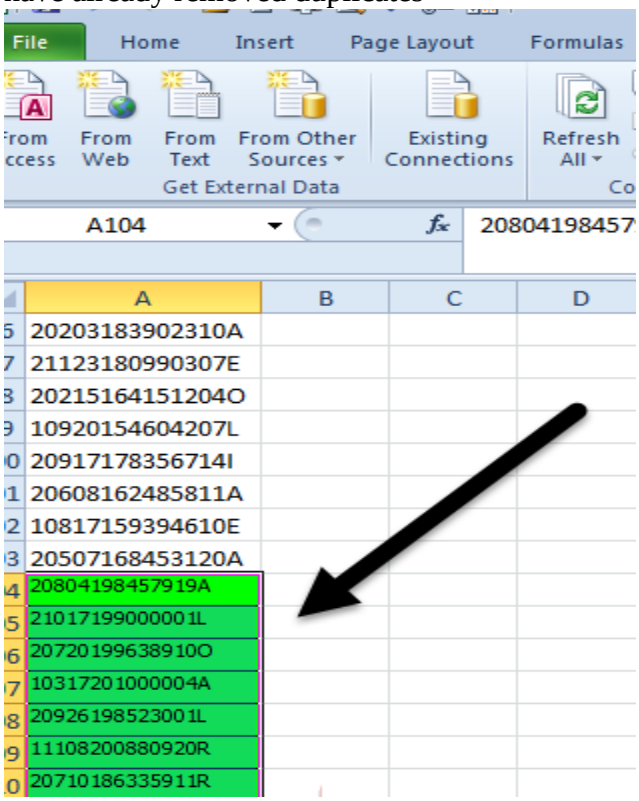
Open file : MH Clients with a Fee Percentage
Filter the data for the corresponding Region. (If you are working with Region 1 Billing data, Use Region 1 Fee Percentage data)

Filter on : Agency Name and Expiration Date (For date select Blank and previous 12 months)

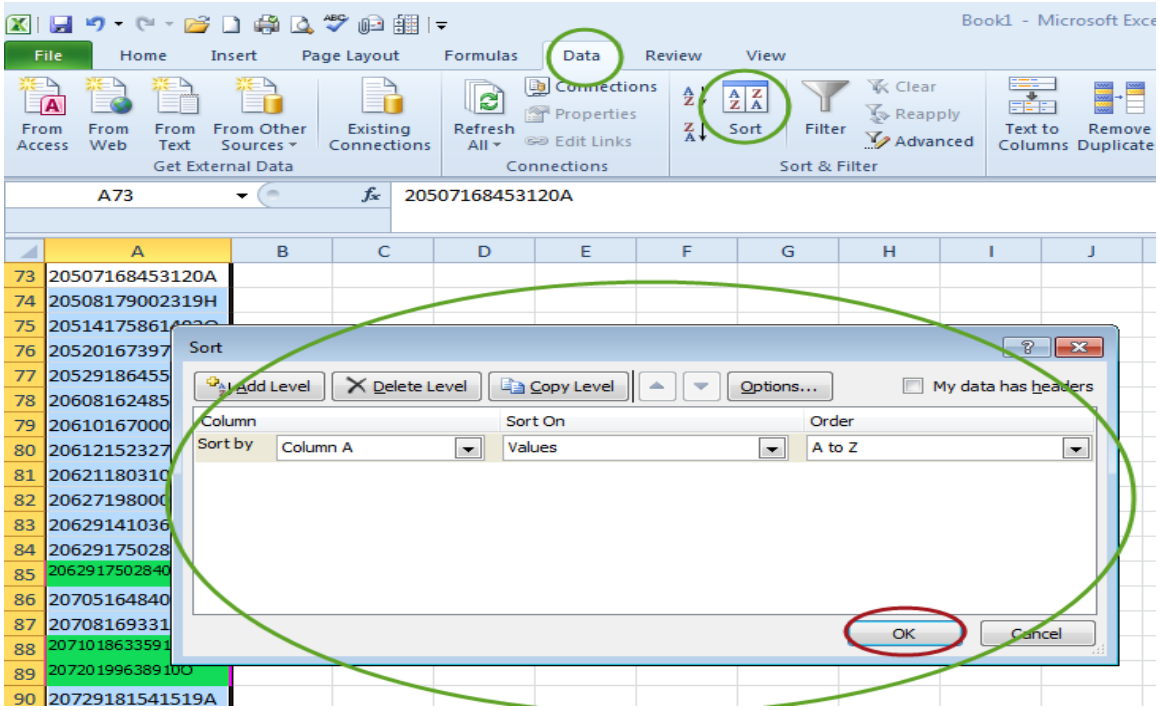
MH Clients w/ a Fee Precentage

Agency Name	Client Full Name	Unique Client Number	Effective Date	Expiration Date	Fee Percentage
IDHW, DBH, Region 2	Ashby, Sarah	20804198457919A	4/25/2014	12/1/2014	50
IDHW, DBH, Region 2	Cane, Alexus	21017199000001L	5/29/2014	5/29/2014	15
IDHW, DBH, Region 2	Larsen, Jordan	20720199638910O	4/11/2014		10
IDHW, DBH, Region 2	Lundgren, David	10317201000004A	11/7/2013	6/11/2014	10
IDHW, DBH, Region 2	Neelon, Alexandra	20926198523001L	10/24/2013	11/20/2014	100
IDHW, DBH, Region 2	Samson, Trevor	11108200880920R	6/27/2013	3/25/2014	60
IDHW, DBH, Region 2	Baab, Kristin	20710186335911R	6/23/2014	10/9/2014	20
IDHW, DBH, Region 2	Bowman, Kyle	10528194000011Y	10/8/2014	12/22/2014	5
IDHW, DBH, Region 2	Bressem, Dianna	21207175243204I	11/29/2013	12/7/2014	35
IDHW, DBH, Region 2	Brinkman, Cindi	20629175028403I	7/30/2014		5
IDHW, DBH, Region 2	Grachanin, Diana	20816166194104I	12/9/2013	12/25/2014	50
IDHW, DBH, Region 2	Leon, Sergio	10214182222719E	4/11/2014		25
IDHW, DBH, Region 2	Leon, Sergio	10214182222719E	4/3/2013	4/10/2014	15
IDHW, DBH, Region 2	Mikel, Alena	21013188309401L	10/22/2013	3/5/2014	25
IDHW, DBH, Region 2	Patrick, Henry	10404146111308E	1/22/2014	4/23/2014	5
IDHW, DBH, Region 2	Walker, Michael	10117179906113I	4/1/2013	2/19/2014	50

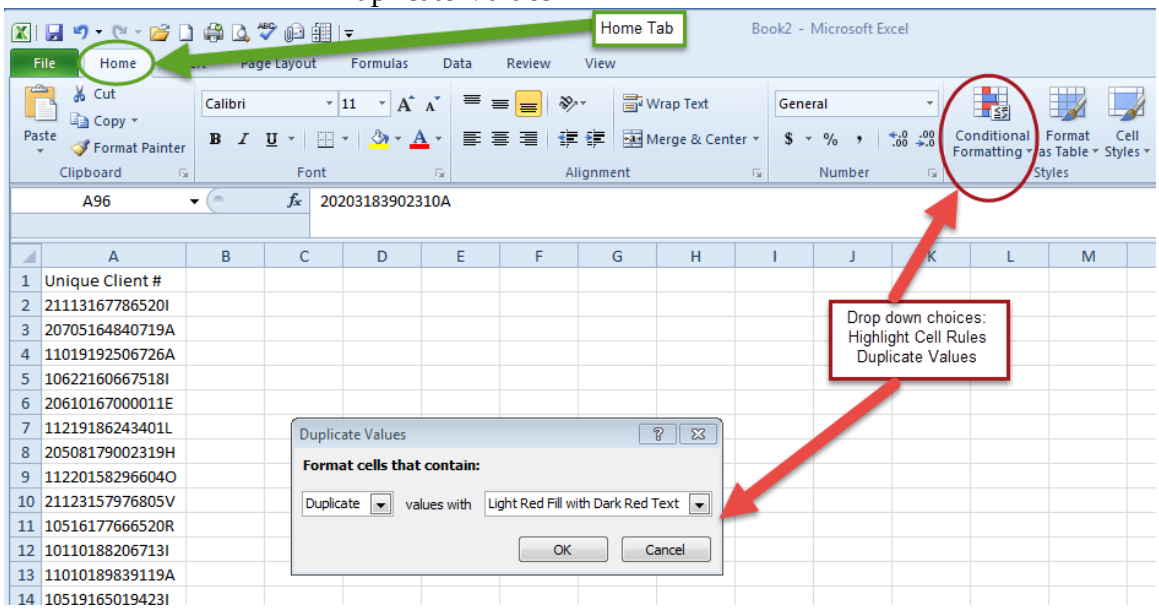
Highlight Unique Client Number Copy and Paste in column of Unique Client #'s you have already removed duplicates



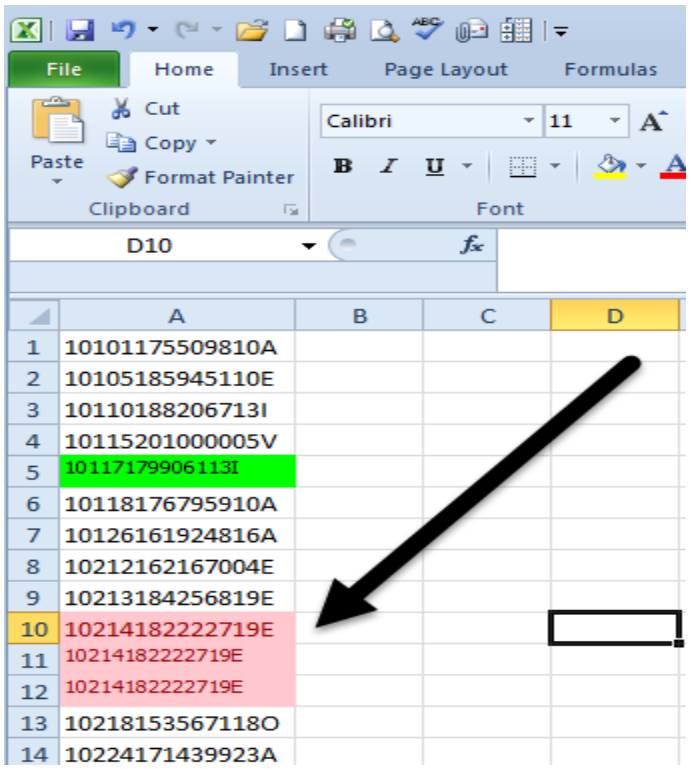
Highlight Column "A" , Select- Data, Sort From Pop-up box choose OK



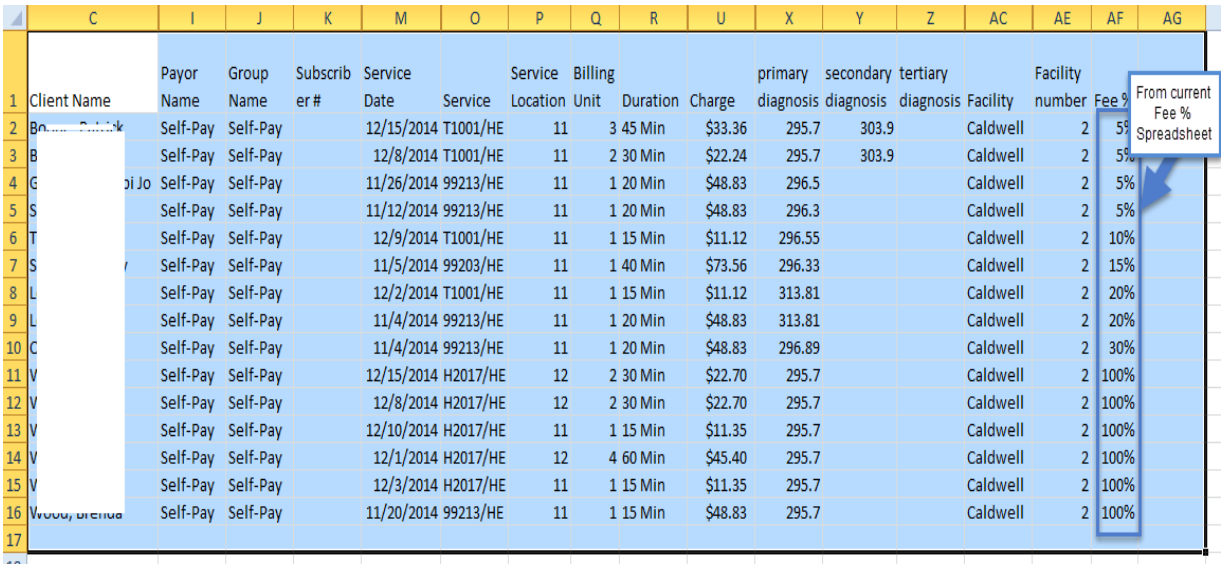
Highlight column, From "Home Tab" Choose Conditional Formatting.
In the dropdown select: Highlight Cell Rules
Duplicate Values



Select OK
This will highlight Duplicate values of UCN.
*** Indicates Clients who have a fee % and Billing lines in this Batch.



Copy the UCN (Highlighted in Pink) and Paste it into the Filter Search box for UCN in the Main Spreadsheet. When the Lines are located, Enter the matching Fee % from the current Fee % worksheet into column of the Main Billing Spreadsheet. Continue Until % for all Highlighted UCN's have been entered. (Complete this for Each Region)



	C	I	J	K	M	O	P	Q	R	U	X	Y	Z	AC	AE	AF	AG
1	Client Name	Payor Name	Group Name	Subscriber #	Service Date	Service	Service Location	Billing Unit	Duration	Charge	primary diagnosis	secondary diagnosis	tertiary diagnosis	Facility	Facility number	Fee %	
2	[illegible]	Self-Pay	Self-Pay		12/15/2014	T1001/HE	11	3	45 Min	$33.36	295.7	303.9		Caldwell	2	5%	
3	[illegible]	Self-Pay	Self-Pay		12/8/2014	T1001/HE	11	2	30 Min	$22.24	295.7	303.9		Caldwell	2	5%	
4	[illegible]	Self-Pay	Self-Pay		11/26/2014	99213/HE	11	1	20 Min	$48.83	296.5			Caldwell	2	5%	
5	[illegible]	Self-Pay	Self-Pay		11/12/2014	99213/HE	11	1	20 Min	$48.83	296.3			Caldwell	2	5%	
6	[illegible]	Self-Pay	Self-Pay		12/9/2014	T1001/HE	11	1	15 Min	$11.12	296.55			Caldwell	2	10%	
7	[illegible]	Self-Pay	Self-Pay		11/5/2014	99203/HE	11	1	40 Min	$73.56	296.33			Caldwell	2	15%	
8	[illegible]	Self-Pay	Self-Pay		12/2/2014	T1001/HE	11	1	15 Min	$11.12	313.81			Caldwell	2	20%	
9	[illegible]	Self-Pay	Self-Pay		11/4/2014	99213/HE	11	1	20 Min	$48.83	313.81			Caldwell	2	20%	
10	[illegible]	Self-Pay	Self-Pay		11/4/2014	99213/HE	11	1	20 Min	$48.83	296.89			Caldwell	2	30%	
11	[illegible]	Self-Pay	Self-Pay		12/15/2014	H2017/HE	12	2	30 Min	$22.70	295.7			Caldwell	2	100%	
12	[illegible]	Self-Pay	Self-Pay		12/8/2014	H2017/HE	12	2	30 Min	$22.70	295.7			Caldwell	2	100%	
13	[illegible]	Self-Pay	Self-Pay		12/10/2014	H2017/HE	11	1	15 Min	$11.35	295.7			Caldwell	2	100%	
14	[illegible]	Self-Pay	Self-Pay		12/1/2014	H2017/HE	12	4	60 Min	$45.40	295.7			Caldwell	2	100%	
15	[illegible]	Self-Pay	Self-Pay		12/3/2014	H2017/HE	11	1	15 Min	$11.35	295.7			Caldwell	2	100%	
16	[illegible]	Self-Pay	Self-Pay		11/20/2014	99213/HE	11	1	15 Min	$48.83	295.7			Caldwell	2	100%	
17																	

From current Fee % Spreadsheet

Delete all Medicaid Billing Lines (as we do not bill Medicaid)

1	ENC ID	Client Name	Payor	FFS Type	Add-On Level	Unique Client #
2	1368429	Miklancic, Christina	BC of California, PO Box 60007, Los Angeles, CA 90060-0007	FFS	None	21003172516303H
8	1424009	Garner, Mike	Blue Advantage, P.O. Box 1460 Littlerock, AR, 72203-1460	FFS	Primary	10308170590313I
9	1424533	Garner, Mike	Blue Advantage, P.O. Box 1460 Littlerock, AR, 72203-1460	FFS	None	10308170590313I
10	1428083	Contreras, Jose	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	Primary	10703186315710C
11	1380582	Preston, Norma	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	None	20326152099314C
12	1375633	Preston, Norma	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	Primary	20326152099314C
13	1403269	Stevens, Annette	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	None	20219166523401N
14	1420043	Stevens, Annette	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	Primary	20219166523401N
24	1412636	Hadley, Kristin	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	None	20929162487011F
25	1388106	Hadley, Kristin	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	Primary	20929162487011F
26	1388011	Wallace, Rebecca	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	Primary	20925157628318E
27	1412639	Wallace, Rebecca	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	None	20925157628318E
28	1380745	Martinez, Sierra	Medicaid - OPTUM	FFS	None	20206202000019I
29	1377425	McQuinn, Selena	Medicaid - OPTUM	FFS	None	21211198307519E
30	1415730	Williams, Shannon	Medicaid - OPTUM	FFS	None	21014175957819H
31	1368129	Williams, Shannon	Medicaid - OPTUM	FFS	None	21014175957819H
32	1388097	Villa, Shawna	Medicaid-IDHW MH	FFS	Primary	20713179904319H
33	1411936	Villa, Shawna	Medicaid-IDHW MH	FFS	None	20713179904319H
34	1412642	Villa, Shawna	Medicaid-IDHW MH	FFS	None	20713179904319H
35	1380602	Ephraim, Vicki	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	201031573976221
36	1375605	Ephraim, Vicki	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	Primary	201031573976221
37	1380781	Munger, Curtis	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	10707175076303U
53						
54						

Delete Billing lines for Medicaid

R1 / R1 Self Pay / R2 / R2 Self Pay / R3 / R3 Self Pay / R4 / R5 / R6 / R7

Review Billing units for each Billing line (All Regions). Round all entries to the nearest whole Number, and recalculate the charge (i.e. $18.57/1.67=$11.12 per unit)

Service Date	End Date	Service	Service Lo	Billing Unit	Duration	Status	Release Date	Charge	OIC
12/18/2014	12/18/2014	T1001/HE	11	1	15 Min	Released	12/26/2014	$11.12	2
12/4/2014	12/4/2014	99214/HE	11	1	20 Min	Released	12/5/2014	$73.48	
12/30/2014	12/30/2014	T1001/HE	1	1	15 Min	Released	1/5/20	[illegible]	
12/2/2014	12/2/2014	T1001/HE	1	1	15 Min	Released	12/8/20	[illegible]	
12/17/2014	12/17/2014	H2017/HE	1	8	120 Min	Released	12/17/20	[illegible]	2
12/2/2014	12/2/2014	T1001/HE	1	1	15 Min	Released	12/2/2014	11.12	2
12/11/2014	12/11/2014	H2017/HE	12	10	150 Min	Released	12/12/2014	$ 13.50	2
12/3/2014	12/3/2014	96372/HL	11	1	15 Min	Released	12/8/2014	9.79	
12/4/2014	12/4/2014	T1001/HE	11	1.67	5 Min	Released	12/10/2014	$18.57	
12/18/2014	12/18/2014	T1001/HE	11	2	30 Min	Released	12/26/2014	$22.24	
12/18/2014	12/18/2014	99214/HE	11	1	20 Min	Released	12/29/2014	$73.48	
12/31/2014	12/31/2014	T1001/HE	11	1	15 Min	Released	12/31/2014	$11.12	

Round to nearest Whole number

Recalculate charge

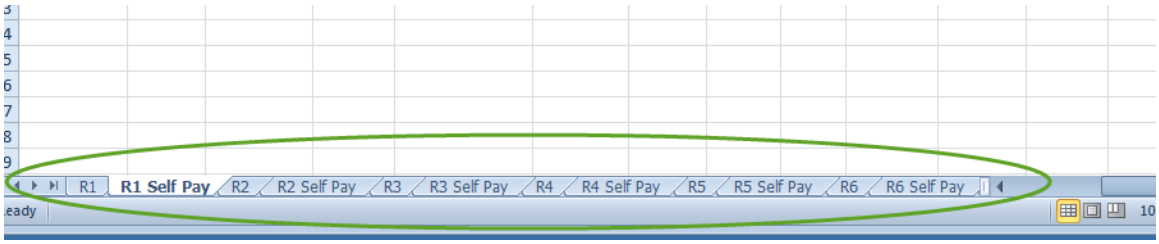
(2 units * $11.12= $22.24 Charge) Update the spreadsheet with changes.

Service Date	End Date	Service	Service Lo	Billing Unit	Duration	Status	Release Date	Charge	OIC Pay
12/18/2014	12/18/2014	T1001/HE	11	1	15 Min	Released	12/26/2014	$11.12	296.
12/4/2014	12/4/2014	99214/HE	11	1	20 Min	Released	12/5/2014	$73.48	296
12/30/2014	12/30/2014	T1001/HE	11	1	15 Min	Released	1/5/2015	$11.12	296
12/2/2014	12/2/2014	T1001/HE	11	1	15 Min	Released	12/8/2014	$11.12	296
12/17/2014	12/17/2014	H2017/HE	12	8	120 Min	Released	12/17/2014	$90.80	296.
12/2/2014	12/2/2014	T1001/HE	11	1	15 Min	Released	12/2/2014	$11.12	296.
12/11/2014	12/11/2014	H2017/HE	12	10	150 Min	Released	12/12/2014	$113.50	296.
12/3/2014	12/3/2014	96372/HL	11	1	15 Min	Released	12/8/2014	$19.79	295
12/4/2014	12/4/2014	T1001/HE	11	2	15 Min	Released	12/10/2014	$22.24	295
12/18/2014	12/18/2014	T1001/HE	11	2	30 Min	Released	12/26/2014	$22.24	295
12/18/2014	12/18/2014	99214/HE	11	1	20 Min	Released	12/29/2014	$73.48	295
12/31/2014	12/31/2014	T1001/HE	11	1	15 Min	Released	12/31/2014	$11.12	295

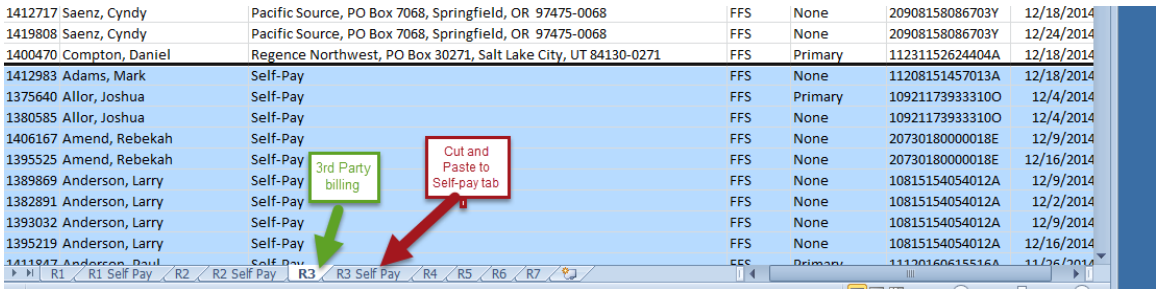
Sort each Tab (Region) by "Payor"

Item #	ENC ID	Client Name	Payor	FFS Type	Add-On Level	Unique Client #
1059386	1368429	Miklancic, Christina	BC of California, PO Box 60007, Los Angeles, CA 90060-0007	FFS	None	21003172516303H
1118881	1383904	Palacios, Azalea	BC of California, PO Box 60007, Los Angeles, CA 90060-0007	FFS	Primary	20725200000001Z
1064784	1372523	Palacios, Azalea	BC of California, PO Box 60007, Los Angeles, CA 90060-0007	FFS	None	20725200000001Z
1097383	1407195	Pokorney, Elizabeth	BC of California, PO Box 60007, Los Angeles, CA 90060-0007	FFS	Primary	21123201000005L
1083149	1392374	Finch, Stephen	BC/BS Federal Employee Program, PO Box 272510, Chico, CA 95927-2510	FFS	None	10318159647619T
1097748	1407500	Finch, Stephen	BC/BS Federal Employee Program, PO Box 272510, Chico, CA 95927-2510	FFS	None	10318159647619T
1115763	1424009	Garner, Mike	Blue Advantage, P.O. Box 1460 Littlerock, AR, 72203-1460	FFS	Primary	10308170590313I
1114683	1424533	Garner, Mike	Blue Advantage, P.O. Box 1460 Littlerock, AR, 72203-1460	FFS	None	10308170590313I
1118830	1428083	Contreras, Jose	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	Primary	10703186315710C
1072343	1380582	Preston, Norma	Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	FFS	None	20326152099314C
1069105	1377429	Tague, Charles	Blue Shield of ID (Regence), PO Box 31603, Salt Lake City, UT 84131	FFS	None	10216156258603H
1106169	1415702	Pence, Debra	CHAMPVA Center, PO Box 65024, Denver, CO 80206-5024	FFS	None	20126153120204E
1102509	1412630	Cornwell, Cory	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	None	10520161919903C
1109754	1419223	Gaver, Tawny	Humana, PO BOX 14635, Lexington, KY, 40512-4635	FFS	None	20915181931620A
1072506	1380745	Martinez, Sierra	Medicaid - OPTUM	FFS	None	20206202000019I
1069100	1377425	McQuinn, Selena	Medicaid - OPTUM	FFS	None	21211198307519E
1106187	1415730	Williams, Shannon	Medicaid - OPTUM	FFS	None	21014175957819H
1118837	1427832	Jameson, Becky	Medicaid-IDHW MH	FFS	Primary	20125177398702E
1072316	1380570	Kaleck, Charles	Medicaid-IDHW MH	FFS	None	10907177084903H
1083551	1377483	Kaleck, Charles	Medicaid-IDHW MH	FFS	Primary	10907177084903H
1069097	1375822	Kinder, Mary	Medicaid-IDHW MH	FFS	Primary	21229161360713A
1072273	1380552	Kinder, Mary	Medicaid-IDHW MH	FFS	None	21229161360713A
1072378	1380602	Ephraim, Vicki	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	20103157397622I
1069078	1375605	Ephraim, Vicki	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	Primary	20103157397622I
1072548	1380781	Munger, Curtis	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	10707175076303U
1102585	1412717	Saenz, Cyndy	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	20908158086703Y
1110254	1419808	Saenz, Cyndy	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	20908158086703Y
1104393	1400470	Compton, Daniel	Regence Northwest, PO Box 30271, Salt Lake City, UT 84130-0271	FFS	Primary	11231152624404A
1102785	1412983	Adams, Mark	Self-Pay	FFS	None	11208151457013A
1069073	1375640	Allor, Joshua	Self-Pay	FFS	Primary	10921173933310C
1072353	1380585	Allor, Joshua	Self-Pay	FFS	None	10921173933310C
1095778	1406167	Amend, Rebekah	Self-Pay	FFS	None	20730180000018E

Add a new Tab (each Region) for: Self-pay



Highlight all Self-pay Rows and choose "Cut" move to the Self-pay tab and select "Paste" (creating one tab for 3rd Party billing and one for Self-pay billing)

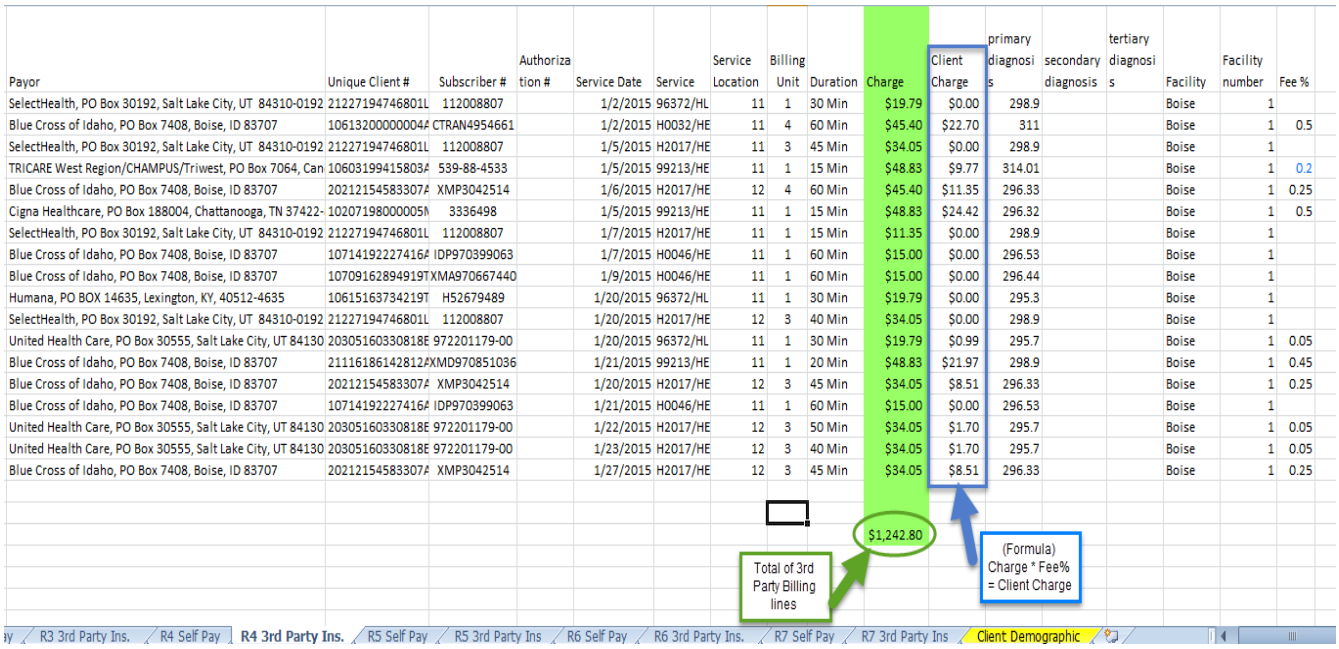


1412717	Saenz, Cyndy	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	20908158086703Y	12/18/2014
1419808	Saenz, Cyndy	Pacific Source, PO Box 7068, Springfield, OR 97475-0068	FFS	None	20908158086703Y	12/24/2014
1400470	Compton, Daniel	Regence Northwest, PO Box 30271, Salt Lake City, UT 84130-0271	FFS	Primary	11231152624404A	12/18/2014
1412983	Adams, Mark	Self-Pay	FFS	None	11208151457013A	12/18/2014
1375640	Allor, Joshua	Self-Pay	FFS	Primary	10921173933310O	12/4/2014
1380585	Allor, Joshua	Self-Pay	FFS	None	10921173933310O	12/4/2014
1406167	Amend, Rebekah	Self-Pay	FFS	None	20730180000018E	12/9/2014
1395525	Amend, Rebekah	Self-Pay	FFS	None	20730180000018E	12/16/2014
1389869	Anderson, Larry	Self-Pay	FFS	None	10815154054012A	12/9/2014
1382891	Anderson, Larry	Self-Pay	FFS	None	10815154054012A	12/2/2014
1393032	Anderson, Larry	Self-Pay	FFS	None	10815154054012A	12/9/2014
1395219	Anderson, Larry	Self-Pay	FFS	None	10815154054012A	12/16/2014

Complete the following steps for EACH 3rd Party tab in the Spreadsheet

Inset column to the right of "Charge" column and Label as "Client Charge" to calculate the fee, insert formula (Charge X Fee% = Client Charge) in each row.

Highlight the Charge column and Total the charges.

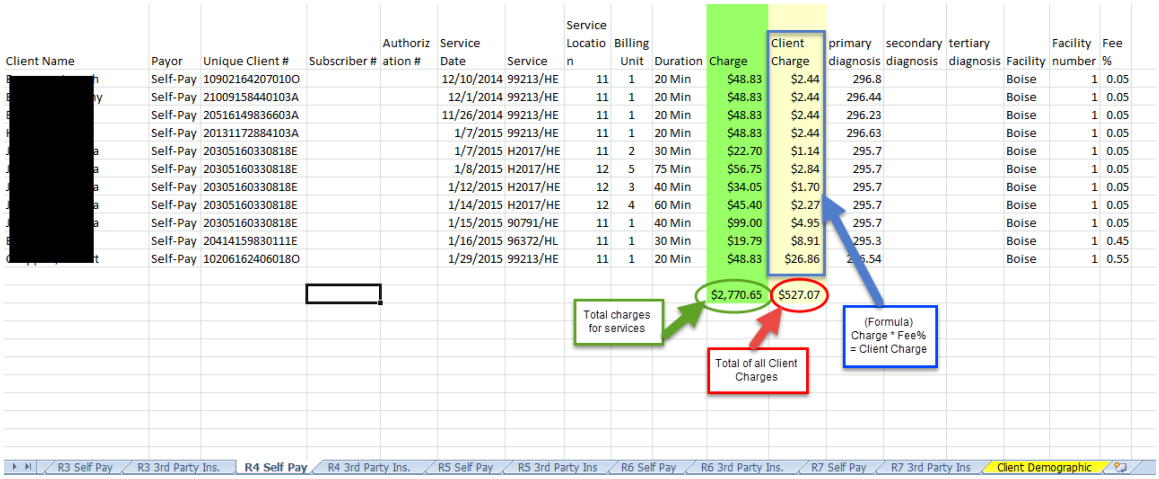


Payor	Unique Client #	Subscriber #	Authorization #	Service Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis	secondary diagnosis	tertiary diagnosis	Facility	Facility number	Fee %
SelectHealth, PO Box 30192, Salt Lake City, UT 84310-0192	21227194746801L	112008807		1/2/2015	96372/HL	11	1	30 Min	$19.79	$0.00	298.9			Boise	1	
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	10613200000004A	CTRAN4954661		1/2/2015	H0032/HE	11	4	60 Min	$45.40	$22.70	311			Boise	1	0.5
SelectHealth, PO Box 30192, Salt Lake City, UT 84310-0192	21227194746801L	112008807		1/5/2015	H2017/HE	11	3	45 Min	$34.05	$0.00	298.9			Boise	1	
TRICARE West Region/CHAMPUS/Triwest, PO Box 7064, Can	10603199415803A	539-88-4533		1/5/2015	99213/HE	11	1	15 Min	$48.83	$9.77	314.01			Boise	1	0.2
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	20212154583307A	XMP3042514		1/6/2015	H2017/HE	12	4	60 Min	$45.40	$11.35	296.33			Boise	1	0.25
Cigna Healthcare, PO Box 188004, Chattanooga, TN 37422-	10207198000005M	3336498		1/5/2015	99213/HE	11	1	15 Min	$48.83	$24.42	296.32			Boise	1	0.5
SelectHealth, PO Box 30192, Salt Lake City, UT 84310-0192	21227194746801L	112008807		1/7/2015	H2017/HE	11	1	15 Min	$11.35	$0.00	298.9			Boise	1	
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	10714192227416A	IDP970399063		1/7/2015	H0046/HE	11	1	60 Min	$15.00	$0.00	296.53			Boise	1	
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	10709162894919T	XMA970667440		1/9/2015	H0046/HE	11	1	60 Min	$15.00	$0.00	296.44			Boise	1	
Humana, PO BOX 14635, Lexington, KY, 40512-4635	10615163734219T	H52679489		1/20/2015	96372/HL	11	1	30 Min	$19.79	$0.00	295.3			Boise	1	
SelectHealth, PO Box 30192, Salt Lake City, UT 84310-0192	21227194746801L	112008807		1/20/2015	H2017/HE	12	3	40 Min	$34.05	$0.00	298.9			Boise	1	
United Health Care, PO Box 30555, Salt Lake City, UT 84130	20305160330818E	972201179-00		1/20/2015	96372/HL	11	1	30 Min	$19.79	$0.99	295.7			Boise	1	0.05
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	21116186142812A	XMD970851036		1/21/2015	99213/HE	11	1	20 Min	$48.83	$21.97	298.9			Boise	1	0.45
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	20212154583307A	XMP3042514		1/20/2015	H2017/HE	12	3	45 Min	$34.05	$8.51	296.33			Boise	1	0.25
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	10714192227416A	IDP970399063		1/21/2015	H0046/HE	11	1	60 Min	$15.00	$0.00	296.53			Boise	1	
United Health Care, PO Box 30555, Salt Lake City, UT 84130	20305160330818E	972201179-00		1/22/2015	H2017/HE	12	3	50 Min	$34.05	$1.70	295.7			Boise	1	0.05
United Health Care, PO Box 30555, Salt Lake City, UT 84130	20305160330818E	972201179-00		1/23/2015	H2017/HE	12	3	40 Min	$34.05	$1.70	295.7			Boise	1	0.05
Blue Cross of Idaho, PO Box 7408, Boise, ID 83707	20212154583307A	XMP3042514		1/27/2015	H2017/HE	12	3	45 Min	$34.05	$8.51	296.33			Boise	1	0.25

Complete the following steps for EACH Self-Pay tab in the Spreadsheet

Insert column to the right of "Charge" column and Label as "Client Charge" to calculate the fee, insert formula (Charge X Fee% = Client Charge) in each row.

Highlight and total the "Charge" and "Client Charge" columns and Total.



Client Name	Payor	Unique Client #	Subscriber #	Authorization #	Service Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis	secondary diagnosis	tertiary diagnosis	Facility	Facility number	Fee %
[redacted]	Self-Pay	10902164207010O			12/10/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.8			Boise	1	0.05
[redacted]	Self-Pay	21009158440103A			12/1/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.44			Boise	1	0.05
[redacted]	Self-Pay	20516149836603A			11/26/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.23			Boise	1	0.05
[redacted]	Self-Pay	20131172884103A			1/7/2015	99213/HE	11	1	20 Min	$48.83	$2.44	296.63			Boise	1	0.05
[redacted]	Self-Pay	20305160330818E			1/7/2015	H2017/HE	11	2	30 Min	$22.70	$1.14	295.7			Boise	1	0.05
[redacted]	Self-Pay	20305160330818E			1/8/2015	H2017/HE	12	5	75 Min	$56.75	$2.84	295.7			Boise	1	0.05
[redacted]	Self-Pay	20305160330818E			1/12/2015	H2017/HE	12	3	40 Min	$34.05	$1.70	295.7			Boise	1	0.05
[redacted]	Self-Pay	20305160330818E			1/14/2015	H2017/HE	12	4	60 Min	$45.40	$2.27	295.7			Boise	1	0.05
[redacted]	Self-Pay	20305160330818E			1/15/2015	90791/HE	11	1	40 Min	$99.00	$4.95	295.7			Boise	1	0.05
[redacted]	Self-Pay	20414159830111E			1/16/2015	96372/HL	11	1	30 Min	$19.79	$8.91	295.3			Boise	1	0.45
[redacted]	Self-Pay	10206162406018O			1/29/2015	99213/HE	11	1	20 Min	$48.83	$26.86	[illegible]5.54			Boise	1	0.55

** Delete all billings lines with a charge of less than $1.00

ervice Date	Service	Service Location	Billing Unit	Duration	Status	Release Date	Charge	Client Charge
12/30/2014	96372/HL	11	1	30 Min	Released	12/30/2014	$19.79	$0.00
12/17/2014	96372/HL	11	1	30 Min	Released	12/17/2014	$19.79	$0.00
12/17/2014	99213/HE	11	1	20 Min	Released	12/17/2014	$48.83	$0.00
11/19/2014	99213/HE	11	1	20 Min	Released	1/5/2015	$48.83	$0.00
12/15/2014	90791/HE	11	1	60 Min	Released	12/30/2014	$99.00	$0.00
12/31/2014	99213/HE	11	1	20 Min	Released	12/31/2014	$48.83	$0.00
12/17/2014	96372/HL	11	1	30 Min	Released	12/17/2014	$19.79	$0.00
12/17/2014	99213/HE	11	1	20 Min	Released	12/17/2014	$48.83	$0.00
12/5/2014	99213/HE	11	1	20 Min	Released	12/5/2014	$48.83	$0.00
12/22/2014	99213/HE	11	1	15 Min	Released	12/31/2014	$48.83	$19.53
12/19/2014	99213/HE	11	1	20 Min	Released	12/19/2014	$48.83	$0.00
12/16/2014	96372/HL	11	1	30 Min	Released	12/16/2014	$19.79	$0.00
12/19/2014	99213/HE	11	1	20 Min	Released	12/19/2014	$48.83	$0.00
12/4/2014	99213/HE	12	1	30 Min	Released	12/5/2014	$48.83	$4.88
12/3/2014	H2017/HE	11	1	15 Min	Released	12/3/2014	$11.35	$1.14
12/10/2014	H2017/HE	12	4	60 Min	Released	12/10/2014	$45.40	$4.54

Service Date	Service	Service Location	Billing Unit	Duration	Status	Release Date	Charge	Client Charge
12/22/2014	99213/HE	11	1	15 Min	Released	12/31/2014	$48.83	$19.53
12/4/2014	99213/HE	12	1	30 Min	Released	12/5/2014	$48.83	$4.88
12/3/2014	H2017/HE	11	1	15 Min	Released	12/3/2014	$11.35	$1.14
12/10/2014	H2017/HE	12	4	60 Min	Released	12/10/2014	$45.40	$4.54

Insert a new Tab labeled: Client Demographics. Copy and paste the page from the previous month. Using the same process as used for updating the Fee %'s update the client list with clients not on the previous month's billing. (Search the Unique Client # in the demographic page with each tab in the spreadsheet. If a "new" Client is identified, complete the remaining fields in the spreadsheet by looking up the client profile in WITS).

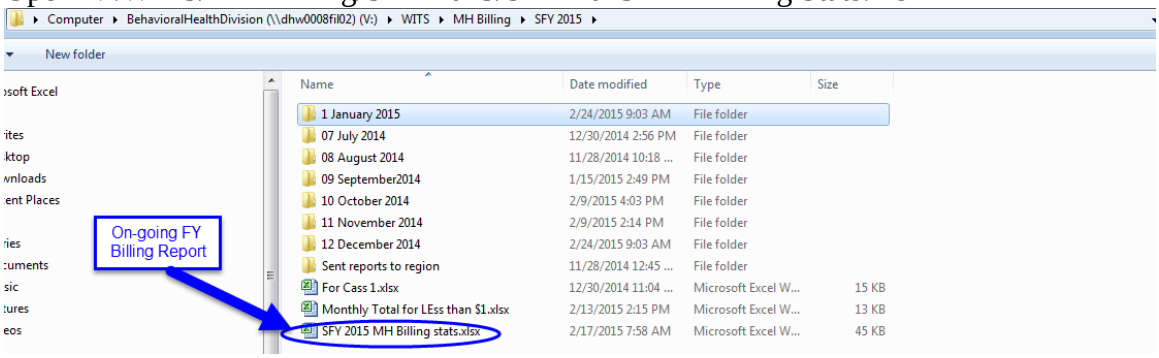
Email completed spreadsheet to the designated financial staff for processing the billing lines.

Client Name	Payor	Unique Client #	Subscriber #	Authorization #	Service Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis	secondary diagnosis	tertiary diagnosis	Facility	Facility number	Fee %
B[redacted]	Self-Pay	109021642070100			12/10/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.8			Boise	1	0.05
B[redacted]	Self-Pay	21009158440103A			12/1/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.44			Boise	1	0.05
E[redacted]	Self-Pay	20516149836603A			11/26/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.23			Boise	1	0.05
H[redacted]	Self-Pay	20131172884103A			1/7/2015	99213/HE	11	1	20 Min	$48.83	$2.44	296.63			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/7/2015	H2017/HE	11	2	30 Min	$22.70	$1.14	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/8/2015	H2017/HE	12	5	75 Min	$56.75	$2.84	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/12/2015	H2017/HE	12	3	40 Min	$34.05	$1.70	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/14/2015	H2017/HE	12	4	60 Min	$45.40	$2.27	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/15/2015	90791/HE	11	1	40 Min	$99.00	$4.95	295.7			Boise	1	0.05
B[redacted]	Self-Pay	20414159830111E			1/16/2015	96372/HL	11	1	30 Min	$19.79	$8.91	295.3			Boise	1	0.45
C[redacted]	Self-Pay	102061624060180			1/29/2015	99213/HE	11	1	20 Min	$48.83	$26.86	296.54			Boise	1	0.55
										$2,770.65	$527.07						

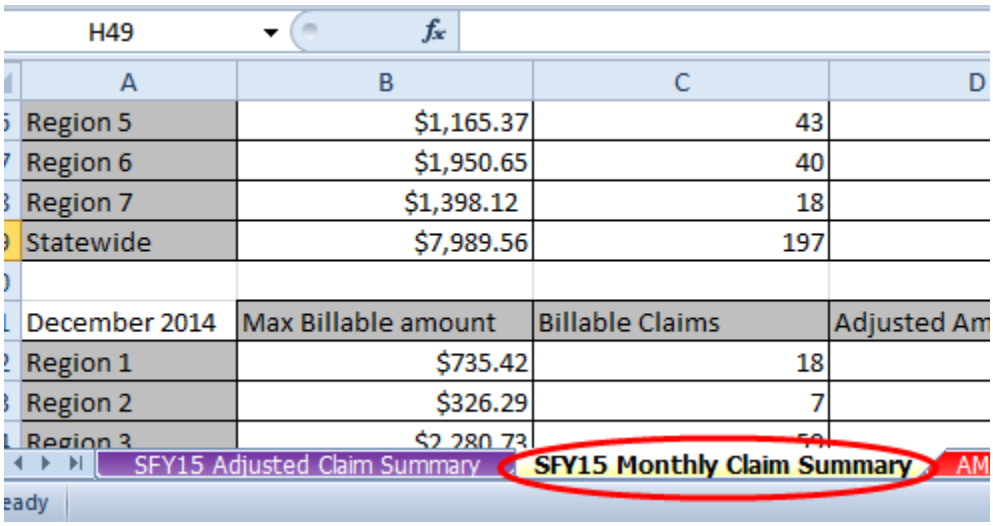
R3 Self Pay | R3 3rd Party Ins. | **R4 Self Pay** | R4 3rd Party Ins. | R5 Self Pay | R5 3rd Party Ins | R6 Self Pay | R6 3rd Party Ins. | R7 Self Pay | R7 3rd Party Ins | Client Demographic

Update the FY___ report with the data from the spreadsheet and publish in SharePoint

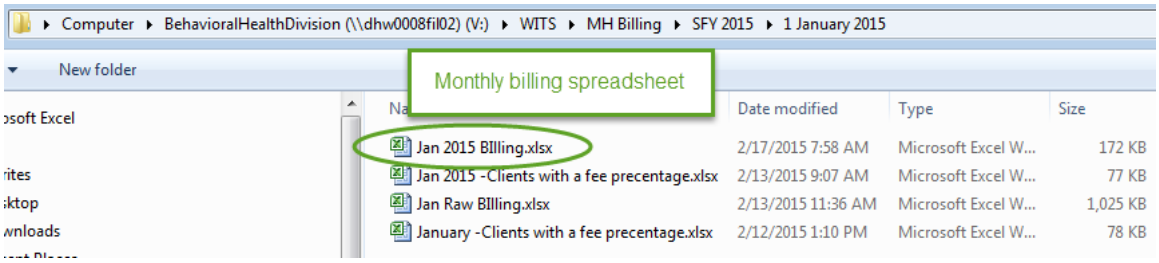
Open V:WITS/MH Billing/SFY 2015/SFY 2015 MH Billing Stats.xlsx



Select the Tab labeled: SFY15 Monthly Claim Summary



Access Monthly billing Spreadsheet: V:WITS/MH Billing/SFY 2015/(current month) 01 January 2015/Jan 2015 Billing.xlsx



Client Name	Payor	Unique Client #	Subscriber #	Authorization #	Service Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis	secondary diagnosis	tertiary diagnosis	Facility	Facility number	Fee %
B[redacted]	Self-Pay	109021642070 10O			12/10/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.8			Boise	1	0.05
B[redacted]y	Self-Pay	21009158440103A			12/1/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.44			Boise	1	0.05
E[redacted]	Self-Pay	20516149836603A			11/26/2014	99213/HE	11	1	20 Min	$48.83	$2.44	296.23			Boise	1	0.05
H[redacted]	Self-Pay	20131172884103A			1/7/2015	99213/HE	11	1	20 Min	$48.83	$2.44	296.63			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/7/2015	H2017/HE	11	2	30 Min	$22.70	$1.14	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/8/2015	H2017/HE	12	5	75 Min	$56.75	$2.84	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/12/2015	H2017/HE	12	3	40 Min	$34.05	$1.70	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/14/2015	H2017/HE	12	4	60 Min	$45.40	$2.27	295.7			Boise	1	0.05
Je[redacted]	Self-Pay	20305160330818E			1/15/2015	90791/HE	11	1	40 Min	$99.00	$4.95	295.7			Boise	1	0.05
B[redacted]	Self-Pay	20414159830111E			1/16/2015	96372/HL	11	1	30 Min	$19.79	$8.91	295.3			Boise	1	0.45
C[redacted]	Self-Pay	10206162406018O			1/29/2015	99213/HE	11	1	20 Min	$48.83	$26.86	296.54			Boise	1	0.55
										$2,770.65	$527.07						

R3 Self Pay | R3 3rd Party Ins. | R4 Self Pay | R4 3rd Party Ins. | R5 Self Pay | R5 3rd Party Ins | R6 Self Pay | R6 3rd Party Ins. | R7 Self Pay | R7 3rd Party Ins | Client Demographic

Enter the data ***from*** the **Monthly billing SS** into the **MH Billing Stats SS**

Complete the Data Elements for each Region for the corresponding time period

Clipboard | Font | Alignment

M76 f_x

	A	B	C	D	E
58	Region 7	$1,212.62	20	$462.86	
59	Statewide	$10,414.07	262	$6,607.57	
60					
61	January 2015	Max Billable amount	Billable Claims	Adjusted Amount	
62	Region 1	$1,199.25	23	$582.94	
63	Region 2	$832.81	25	$783.86	
64	Region 3	$2,803.39	77	$1,986.49	
65	Region 4	$4,013.45	104	$1,769.87	
66	Region 5	$2,820.95	92	$1,115.68	
67	Region 6	$3,324.28	78	$2,235.22	
68	Region 7	$2,069.40	27	$762.87	
69	Statewide	$17,063.53	426	$9,236.93	
70					
71	February 2015	Max Billable amount	Billable Claims	Adjusted Amount	
72	Region 1				
73	Region 2				
74	Region 3				

SFY15 Adjusted Claim Summary | SFY15 Monthly Claim Summary | AMH Fee Precent (July)

Ready

Max Billable amount =
Charge total from R_ 3rd Party Ins. tab + Charge total R_ Self-Pay tab

Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis	sec dia
99213/HE	11	1	20 Min	$48.83	$2.44	296.8	
99213/HE	11	1	20 Min	$48.83	$2.44	296.44	
99213/HE	11	1	20 Min	$48.83	$2.44	296.23	
99213/HE	11	1	20 Min	$48.83	$2.44	296.63	
H2017/HE	11	2	30 Min	$22.70	$1.14	295.7	
H2017/HE	12	5	75 Min	$56.75	$2.84	295.7	
H2017/HE	12	3	40 Min	$34.05	$1.70	295.7	
H2017/HE	12	4	60 Min	$45.40	$2.27	295.7	
90791/HE	11	1	40 Min	$99.00	$4.95	295.7	
96372/HL	11	1	30 Min	$19.79	$8.91	295.3	
99213/HE	11	1	20 Min	$48.83	$26.86	296.54	
				$2,770.65	$527.07		

R3 Self Pay | R3 3rd Party Ins. | R4 Self Pay | R4 3rd Party In

Service Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge	prim diag
1/2/2015	96372/HL	11	1	30 Min	$19.79	$0.00	
1/21/2015	99213/HE	11	1	20 Min	$48.83	$21.97	
1/20/2015	H2017/HE	12	3	45 Min	$34.05	$8.51	2
1/21/2015	H0046/HE	11	1	60 Min	$15.00	$0.00	2
1/22/2015	H2017/HE	12	3	50 Min	$34.05	$1.70	
1/23/2015	H2017/HE	12	3	40 Min	$34.05	$1.70	
1/27/2015	H2017/HE	12	3	45 Min	$34.05	$8.51	2
					$1,242.80		

R3 Self Pay | R3 3rd Party Ins. | R4 Self Pay | R4 3rd Party Ins

(=$2,770.65 + $1,242.80 = $4,013.45)

Billable Claims = Total count of billing lines submit (by Region)

Adjusted Amount =

Charge total from R_ 3rd Party Ins. tab + Client Charge total R_ Self-Pay tab

Service	Service Location	Billing Unit	Duration	Charge	Client Charge	primary diagnosis
99213/HE	11	1	20 Min	$48.83	$2.44	296.8
99213/HE	11	1	20 Min	$48.83	$2.44	296.44
99213/HE	11	1	20 Min	$48.83	$2.44	296.23
99213/HE	11	1	20 Min	$48.83	$2.44	296.63
H2017/HE	11	2	30 Min	$22.70	$1.14	295.7
H2017/HE	12	5	75 Min	$56.75	$2.84	295.7
H2017/HE	12	3	40 Min	$34.05	$1.70	295.7
H2017/HE	12	4	60 Min	$45.40	$2.27	295.7
90791/HE	11	1	40 Min	$99.00	$4.95	295.7
96372/HL	11	1	30 Min	$19.79	$8.91	295.3
99213/HE	11	1	20 Min	$48.83	$26.86	296.54
				$2,770.65	$527.07	

R3 Self Pay / R3 3rd Party Ins. / R4 Self Pay / R4 3rd Part

ice Date	Service	Service Location	Billing Unit	Duration	Charge	Client Charge
1/2/2015	96372/HL	11	1	30 Min	$19.79	$0.00
1/21/2015	99213/HE	11	1	20 Min	$48.83	$21.97
1/20/2015	H2017/HE	12	3	45 Min	$34.05	$8.51
1/21/2015	H0046/HE	11	1	60 Min	$15.00	$0.00
1/22/2015	H2017/HE	12	3	50 Min	$34.05	$1.70
1/23/2015	H2017/HE	12	3	40 Min	$34.05	$1.70
1/27/2015	H2017/HE	12	3	45 Min	$34.05	$8.51
					$1,242.80	

R3 Self Pay / R3 3rd Party Ins. / R4 Self Pay / R4 3rd Party

(=$527.07 + $1,242.80 = $1,769.87)

Link the Cells from the SFY15 Monthly Claim Summary Tab with the Corresponding cells in the SFY15 Adjusted Claim Summary Tab. This will populate the corresponding fields and update the attached graphs.

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	A	B	C	D
58	Region 7	$1,212.62	20	$462.86
59	Statewide	$10,414.07	262	$6,607.57
60				
61	January 2015	Max Billable amount	Billable Claims	Adjusted Amount
62	Region 1	$1,199.25	23	$582.94
63	Region 2	$832.81	25	$783.86
64	Region 3	$2,803.39	77	$1,986.49
65	Region 4	$4,013.45	104	$1,769.87
66	Region 5	$2,820.95	92	$1,115.68
67	Region 6	$3,324.28	78	$2,235.22
68	Region 7	$2,069.40	27	$762.87
69	Statewide	$17,063.53	426	$9,236.93
70				
71	February 2015	Max Billable amount	Billable Claims	Adjusted Amount

SFY15 Adjusted Claim Summary | SFY15 Monthly Claim Summary | AMH Fee Precent (Ju

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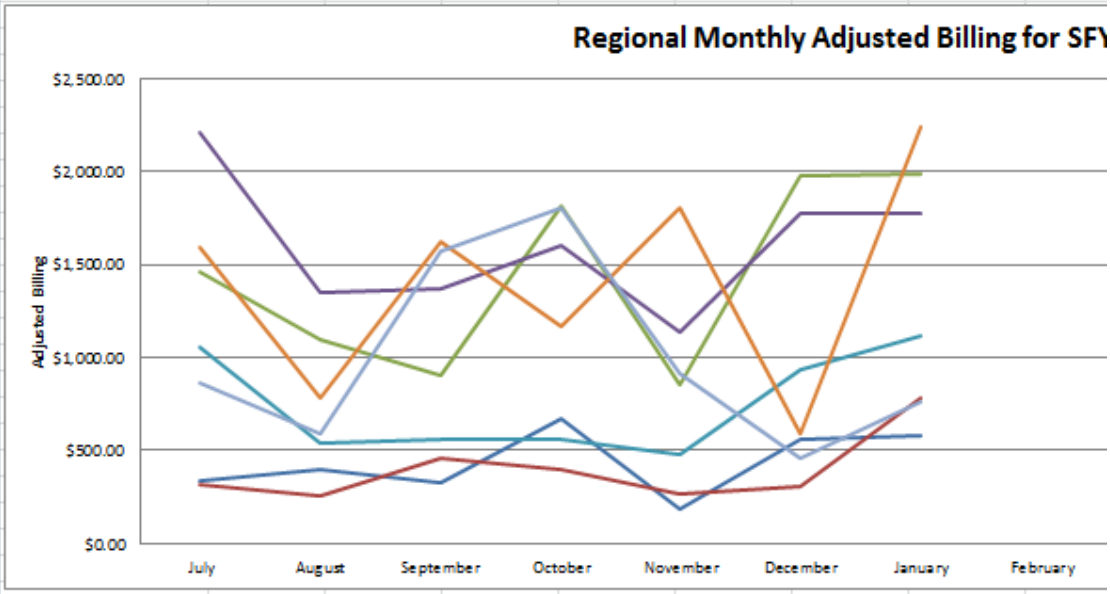
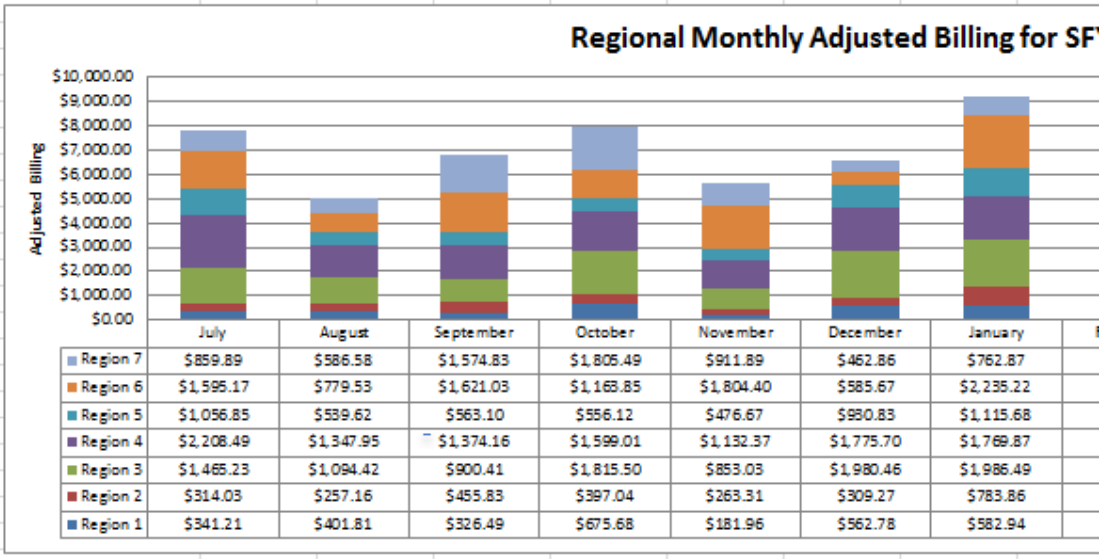
A56

	July	August	September	October	November	December	January	February
Region 1	$341.21	$401.81	$326.49	$675.68	$181.96	$562.78	$582.94	
Region 2	$314.03	$257.16	$455.83	$397.04	$263.31	$309.27	$783.86	
Region 3	$1,465.23	$1,094.42	$900.41	$1,815.50	$853.03	$1,980.46	$1,986.49	
Region 4	$2,208.49	$1,347.95	$1,374.16	$1,599.01	$1,132.37	$1,775.70	$1,769.87	
Region 5	$1,056.85	$539.62	$563.10	$556.12	$476.67	$930.83	$1,115.68	
Region 6	$1,595.17	$779.53	$1,621.03	$1,163.85	$1,804.40	$585.67	$2,235.22	
Region 7	$859.89	$586.58	$1,574.83	$1,805.49	$911.89	$462.86	$762.87	
Statewide	$7,850.20	$5,021.30	$6,797.63	$8,012.69	$5,623.63	$6,607.57	$9,236.93	





	July	August	September	October	November	December	January
Region 7	$859.89	$586.58	$1,574.83	$1,805.49	$911.89	$462.86	$762.87
Region 6	$1,595.17	$779.53	$1,621.03	$1,163.85	$1,804.40	$585.67	$2,235.22
Region 5	$1,056.85	$539.62	$563.10	$556.12	$476.67	$930.83	$1,115.68
Region 4	$2,208.49	$1,347.95	$1,374.16	$1,599.01	$1,132.37	$1,775.70	$1,769.87
Region 3	$1,465.23	$1,094.42	$900.41	$1,815.50	$853.03	$1,980.46	$1,986.49
Region 2	$314.03	$257.16	$455.83	$397.04	$263.31	$309.27	$783.86
Region 1	$341.21	$401.81	$326.49	$675.68	$181.96	$562.78	$582.94

SFY15 Adjusted Claim Summary | SFY15 Monthly Claim Summary | AMH Fee Precent (Jul

Ready