**ISAS Reference Guide for Billing and Adjustments (Agency Providers)**

*Note: Accurate as of October 10, 2013. Future guidance will supersede these instructions.*

**Q. What is the easiest way to view claims by staff provider?**

**A.** Claims are submitted at an Agency / Client level, not at an Agency / Staff / Client level. Meaning that all services provided by your staff to a given individual will be grouped into one claim for the purposes of billing. This is to ensure that the correct number of billing units, based on rounding rules applied to 15 minute services, are processed and sent to MMIS for payment.

As an administrator you have access to a Claims report that details all claims generated and sent out by ISAS at the client level for a date of service. Additionally, the Services Rendered report provides more detailed information as to which staff provided the actual service.

**Q. What if the hours seem different from what the provider believes they have worked?**

**A.** Administrators may request adjustments in the system. This will require an explanation as to why the hours appear to be different. Adjustment requests may only be made for claims that have a “paid” or “rejected” status. (A claim with any other status, other then paid or rejected may not be adjusted)

**Q. Why are reports and claims only viewable from Oct. 3rd?**

**A.** ISAS started billing for services on October 3, 2013 at 12:00 AM. Meaning that a claim will be generated for any service provided by your staff with a clock in time greater than or equal to 12:00 AM on October 3. The Claims report only provides you with information regarding claims that have been generated via ISAS. All claims that were sent via other methods prior to this date and time will not be available within ISAS.

Other reports that are available to you within the system, most notably the Call Transaction and Services Rendered report will contain data prior to October 3, 2013. This is to provide you with a historical view of all services that were recorded by ISAS since your staff began using the system back in July of this year. Again, you will not be able to see the claims associated with those services prior to the October 3rd date, since claims were generated for those services outside of the system.

**Q. Which report should we check regularly so we can avoid claims issues?**

**A.** The services rendered report will be very useful to view daily. It will show all services provided by your staff on a given day, and the status of those services. The various statuses that you may see associated with a service are as follows:

* Ready – A record with this status means that the service has passed all verifications performed by the system and is awating claim generation. Claims are generated every morning between the hours of 2 AM and 6 AM. So, any service with this status will be processed the next day.
* Pending – A record with this status means that the service has failed one or more of the verifications performed by the system (e.g., missing clock in or clock our, etc) and is on hold pending review by DHMH. Once DHMH completes their review this status will be updated.
* Closed – A record with this status means that a claim has been generated and sent to MMIS for processing and payment for this service.

**Q. Who is the best person to contact regarding additional billing/adjustments questions?**

**A.** For technical questions that relate to using ISAS to request adjustments or view claims, contact the Help Desk at 855-463-5877. For questions that relate to billing policy, contact John Wilson at [john.wilson@maryland.gov](mailto:john.wilson@maryland.gov) or 410-767-1719.

**Q. Can we request adjustments for older claims?**

**A.** If the claims have a date of service **prior to** October 3, 2013, contact the following:

OAW: Contact Linda Smith at LLS[@ooa.state.md.us](mailto:lls@ooa.state.md.us) or (410) 767-0713.

LAH: Email Lamont Freeman at [Lamont.freeman@maryland.gov](mailto:Lamont.freeman@maryland.gov)

If the claims have a date of service on **OR** after October 3, 2013, requests can be made within ISAS. Please refer to the two-page tutorial on Claims and Adjustments either on the ISAS home page or on the DHMH ISAS section here [include link]. If you have further questions, please contact the Help Desk at 855-463-5877.

**Q. What do agency administrators have to do to submit claims?**

**A.** Agency administrators no longer have to submit claims. When a provider clocks in and clocks out, assuming an exception is not generated for the service, a claim is automatically created and sent to MMIS daily, and adjudicated weekly.

**Q. Will our agency banking information carry over from the eMedicaid or the previous paper billing?**

**A.** Yes.