Michelle G. Fry, J.D., Ph.D. State Director **Rufus Britt** Associate State Director **Operations** Lori Manos Interim Associate State Director Policy



COMMISSION Stephanie M. Rawlinson Chairman **Barry D. Malphrus** Vice Chairman **Robin B. Blackwood** Secretary Gary Kocher, M.D. Gary C. Lemel Eddie L. Miller David L. Thomas

3440 Harden Street Extension Columbia, South Carolina 29203 803/898-9600 **Toll Free: 888/DSN-INFO** Home Page: www.ddsn.sc.gov

MEMORANDUM

TO:	Executive Directors, DSN Boards	
	CEOs, Contracted Service Provider	rs

Lori Manos, Interim State Director-Policy FROM:

DATE: February 1, 2022

SUBJECT: Therap Introduction to Billing and Claim Submission

As you are aware, DDSN is partnering with Therap to offer providers an option for electronic billing of all Home and Community Based Waiver services on March 1, 2022. The attached high-level introduction to the Therap billing system was developed to provide basic information on how the Therap attendance module will create and submit claims. It is intended to be general in nature and Therap is developing a very specific training that will roll out in late February after the Department of Health and Human Services (DHHS) trainings are complete.

Please ensure your agency attends at least one of the DHHS billing trainings scheduled for February 3 and February 8. Details on the training can be found Here or on the SCDHHS microsite located at the address below: https://msp.scdhhs.gov/DDSNDirectBill/?utm_campaign=&utm_medium=email&utm_source=g ovdelivery.

I appreciate your patience during this important transition and I thank you for all that you do to improve the lives of those we serve.

Attachment

Therap[®] / Person-Centered. Data-Driven.



SOUTH CAROLINA DEPARTMENT OF Disabilities and Special Needs

Introduction to Billing and Claim Submission

March 2022

© Therap Services 2003 - 2022. All Rights Reserved. U.S. Patents #8819785, #8739253, #8281370, #8528056, #8613054, #8615790, #9794257, #10586290, #10622103.

1



Acknowledging the Pre-Auth

- Providers will see minimal changes here.
- Users will now need to select a Program for the authorization.
- Upon acknowledging the authorization, this will now become a Billing Service Authorization.
- This allows users access to the Billing Module and Attendance.

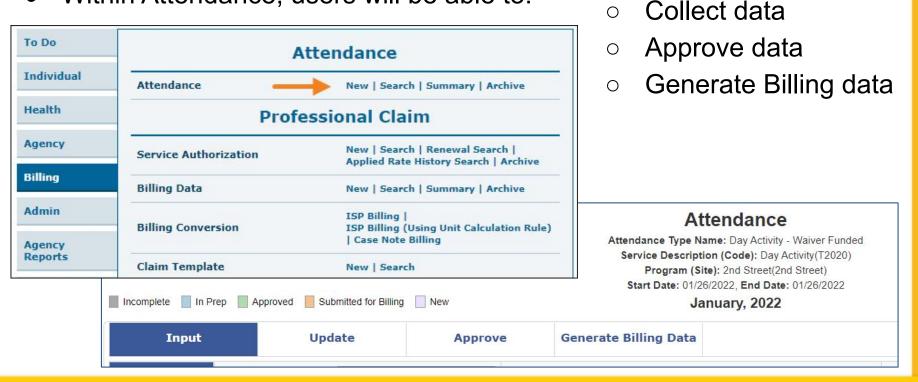
Se	rvice Authorization Pending Acknowledgement ()	
D	emographic	
Billing Service Auth	prization	
* Program (Site)	1st Street (Group Home) 🔹	
* Billing Provider	DEMO BILLING PROVIDER(EIN: 1231 -	
E Convior	Print PDF	
	Back Cancel	Acknowledg



Data Collection

Attendance will be used to collect all documentation that will be used for billing.

- Attendance will look a little different based on the service and unit of measure.
- Within Attendance, users will be able to:





Day Services Data Collection

Day Services are 1/2 day units.

• Data entry will be similar to DSAL.

03/01/2022

03/31/2022

Approved

Search

Day Activity - Waiver Funded

Day Activity (T2020)

2nd Street (2nd Street)

- AM
- PM
- AM and PM

Inp	out	Up	date	Approve	G
New	* Attendanc	e Options:	- Please Select -	· · · · ·	
	General Cor	nment:	- Please Select	-	
Incomplete			AM (AM) - [Billa		
			PM (PM) - [Billa		
			AM and PM (AP	 P) - [Billable] B) - [Non-billable] 	,

* End Date

* Start Date

* Attendance Type

* Service Description (Code)

Attendance Data Search

* Program (Site)

Service Authorization Status

Individual

ct all Attendance in current page

ual Name	[1-3 of 3]	1 Sat	
(ing, Anthony		АМ	
.ewis, Brian		АР	
Sullivan, Thomas		NB	

~



 \bigcirc

Residential Services Data Collection

Residential Services are per night units.

- Data entry will be similar to ResLog.
 - Present
 - Absent

Leave	Incomplete 🔲 In F	Prep 📗 Approved 📒 Si	ubmitted for Billing		ervice Description (Code): Re Progr	Attendance ype Name: Residential - Waiver Fun esidential Habilitation: 3-Person High am (Site): 8th Street(8th Street) :: 11/01/2021, End Date: 11/30/2021 November, 2021	
	Input	Up	date	Approve	Generate Billing D	ata	
	New >	* Attendance Options: General Comment: About 350 characters left	Please Select - Please Select - Please Select - Leave (L) - [Billable Present (P) - [Billat Absent (A) - [Non-t	ble] Se	Time In: Time Out: Non-billable: vice Provider: _ Please Select -	« Now « Now	Clear Entered Values
	Individual Nam		[1-1 of 1]	1 Mon	2 Tue	3 Wed	Show All: Z Incomple
	🗷 King, Ant	hony					



Other Services Data Collection

Future customizations are being planned for some services. In the meantime, Therap will provide a report of service units that can be used to directly enter billing units into Attendance that will be used for claim submission.

						At	tendan	ce	
Incomplete	In Prep 📗 Approved 📒 S	ubmitted for Billing	New		Serv	Start Date: 11/0	(Code): WCI te): 6th Stree	M with Travel(T et(6th Street) Date: 11/30/202	1017)
Inpu	t Up	date	Appro	ove	Generate B	illing Data			
New	Attendance Options:	- Please Select -		~	Time	In:	« N	ow	
Incomplete	* Direct Billing Units:	- Please Select -			Time O	ut:	_		
	General Comment:	Enter # of Units to B	ill (UN) - [Billat	Ne]	Non-billab		« N	ow	
		Non-Billable (NB) -	Non-billable]			N: - Please Sele	ct -		~
	About 350 characters left								
Select all /	Attendance in current	page							Show
Individual Na	me	[1 - 22 of 22]		1 Mon	D	2 Tue		3 Wed	
🗌 📧 Askren	, Ben		UN	æ	UN	æ	UN	æ	UN
2012-12	artner, Bruce		UN	ø	UN	e	0		0



Generate Billing Claims from Attendance

- Providers will be able to review, approve, and generate billing data in the Attendance grid.
- Claims will be automatically created after Billing data has been generated.

Input	Update	Approve	Gener	rate Billing	Data	
Select all Attendance	in current page					
Individual Name	[1 - 3 of 3]		22 Mon		23 Tue	
🗹 🔳 King, Anthony			1	🗹 AP		
🕱 Lewis, Brian		A	1	AP		
🗹 🔳 Sullivan, Thomas			1	MA 💟		
					Gener	ate Billing Dat

Send Claims from Therap directly to DHHS

Send Professional C	laims		
Claim Information			Clicking send w
Service Description/Code	- Please Select -	Selection	send claims to DHHS in an
Individual Name	- Please Select -		electronic 837P
Billing Provider	- Please Select -		format.
* Payer	SC MMIS: SC Medicaid - SCMedicaid (Prof.	& Inst.) 👻	ionnat.
* Service Date From	03/01/2022		
* Service Date To	03/12/2022		
Send Denied Claims	0		
Send Rejected Claims	0		
Claim Create Date From	MM/DD/YYYY		
Claim Create Date To	MM/DD/YYYY 🗎		
Cancel			Send

Therap[®]

send will



Send Claims from Therap

- Therap allows users to send thousands of claims at one time.
 - No manual keying needed
- Therap's connection to DDSN allows for improved accuracy of claim data.
 - Prevent errors/ denials
- Automatic file submission
 - All in one system, and quick!





Attendance Reporting

See v	vhs	nt i	9	h۶	٩n	n	nد	nir	na	ir	ר 2	11/	P	nr	ła	n	סי	1			Progra	m (Site	Se	earch					
					-	•			-			10			1G			,	13	Service Des	scription	n (Code	- F	Please	Select -	•		•	
• Ati	ten	as	in	ce	2 (su	m	m	າa	ry										A	ttendar	се Туре	- F	Please	Select -			•	
 Att 	ten	da	in	ce	F	Re	p	or	t												St	art Date	12	2/27/20	21		Ħ		
• Ex	ро	rta	ıb	e	tc) E	Ξx	Ce	el												E	nd Date	M	M/DD/\	YYY		Ħ		
	•																			Attendan	ce Data	Form Ic							
																						Status	-	Please	Select -			•	
											Atten	ual	CE R	renc	л													Q	
Provider: South Carolina Program(Site): 2nd Stree Program ID: 1100 Site Address: 908 Game	t (2nd S	treet)					S	Servi	ce De	esc(C	ode)	: Day	ed, 26 Activ	vity (T	2020		i			Attendar AM: AM PM: PM AP: AM a NB: Non-	and PM	1	A	earch pproved				- ×	
Program(Site): 2nd Stree Program ID: 1100 Site Address: 908 Game	et (2nd S cock Dr. Sa Su	treet) , Colui Mo	mbia, Tu	SC 2	9098, Th		Sa Sa	Servio Atten	ce De danc	esc(C ce Typ	we	: Day ay Ac	ed, 26 Activ tivity	rity (T - Wa Sa	2020 iver F))		Search	shows here. Please role 8	AM: AM PM: PM AP: AM a	and PM	1	A	pprovec		down your search o	stata.	-	
Program(Site): 2nd Stree Program ID: 1100 Site Address: 908 Game Individual Name	et (2nd S	Mo 3	mbia, Tu 4	SC 2 We 5	9098, Th 6	, USA	Sa 8	Su 9	Mo 10	resc(C ce Typ Tu 11	We	Th	ed, 26 Activ tivity	rity (T - Wa Sa 15	Attend)) Funde		Search chortenia are Individuel ID 2 78952	Additional Service Individual Description IO Control Reconstant Reconstant	AM: AM PM: PM AP: AM a	and PM	1	A	pprovec		Direct Billing English Direct 2 Wante	rtera. Yyre Revenue et 2 Code 3	**************************************	Entered Date 0 81/12/2622
Individual Name	et (2nd S cock Dr. Sa Su 1 2	Mo 3 AM	Tu 4 AP	SC 2 We 5 AP	9098, Th 6 NB	Fr 7 AP	Sa 8 NB	Su 9 NB	Mo 10 PM	Tu 11	We 12 AP	Th 13	Fr 14	rity (T - Wa Sa 15 NB	Attend The feet Progra Steer (0b) Steer Steer)) Funde		Aborto and a contrast	Habilitation 3-Person High Manageme (T2016) WCM with	AM: AM PM: PM AP: AM a	and PM	1	A	pprovec		Direct Bising Info 2 Number 1	ryre Revenue Revenue er 3 Code 3	× ×	
Individual Name Ing, Anthony edicaid #000-00-0000-A ewis, Brian edicaid #000-00-0000-B ullivan, Thomas	et (2nd S cock Dr. Sa Su 1 2 AM NE	Mo 3 AM	Tu 4 AP	SC 2 We 5 AP PM	9098, Th 6 NB AP	Fr 7 AP	Sa 8 NB NB	Su 9 NB	Mo 10 PM	Tu 11 AP	We 12 AP AM	Th 13 AP NB	Fr 14 NB	Sa 15 NB	Attend The set Proposition Street Street)) Funde		Search Individual 70952 70952	Habiltation 3-Person High Manageme (72016.)	AM: AM PM: PM AP: AM a NB: Non- difference accession former forme	Americano PA Billabl ostem of the page of yree of yree of Present of Present of Present of	1	A	pprovec		Direct Based Based Control of State Control of State Cont	yye Revenue or 2 Code 3	Satas C Satas C Darenie i for Ding	01/12/2022
Program(Site): 2nd Stree Program ID: 1100 Site Address: 908 Game Individual Name ing, Anthony edicaid #000-00-0000-A ewis, Brian edicaid #000-00-0000-B ullivan, Thomas	et (2nd S cock Dr. Sa Su 1 2 AM NE AP NE	Mo 3 AM	Tu 4 AP	SC 2 We 5 AP PM	9098, Th 6 NB AP	Fr 7 AP	Sa 8 NB NB	Su 9 NB	Mo 10 PM	Tu 11 AP	We 12 AP AM	Th 13 AP NB	ed, 26 Activ tivity Fr 14 AP NB	Sa 15 NB	Attend The set Proposition Street Street)) Funde		Individual Individual 70952 70954 70954 70954	Habiltaton 3-Person High Manageme (T2016) WCM with Travel (T1017)	AM: AM PM: PM AP: AM a NB: Non-	And PA Billabl	1	A	pprovec		Dent Poor words to bios Poor words to bios Poor words to Poor w	vre Revenue 2 Colo 2	rrs 2 Sata 2 Susside Approved	01/12/2022 01/26/2022 01/26/2022

Therap[®]

Billing Reporting

Program (Site)	Search			Re	vie	ЭW	U	tili	-
Individual	Search	Q		•	54	مد	\ \ /	ha	•
Entered By	Search			•					
Authorization ID					w	าล	t is	s r	
Authorization Number							امر م		
Funding Source				•	R	эр	ort	S	
Funding Provider Number									
Medicaid Number									
Service Coordinator Name First Name									
Last Name	Ĩ	Agency Base	d Utilization	Repo	rt				
		Service Date From			01/01	/2022			
Service Coordinator Number		Service Date To			01/31	/2022			
Service Coordinator Agency		Program (Site):			2nd	Street	(2nd S	street)	
Billing Data Create Date From	MM/DD/YYYY	Service Descripti	on/Code:		Dav	Activit	y (T20	20)	
And A set and a set of the second	MINIDDITTTT	Individual	Medicaid No.	Prior	01	02	03	04	
То	MM/DD/YYYY			Auth Number					
Service Authorization Begin Date From	MM/DD/YYYY	King, Anthony	A-0000-00-000		-	-	+	-	-
То	MM/DD/YYYY	Lewis, Brian	000-00-0000-В				-		
Service Authorization End Date From	MM/DD/YYYY	Sullivan, Thomas	000-00-0000-Z						
	MM/DD/YYYY								
То									
To Service Date From	MM/DD/YYYY								

zation

- has been used and emaining
- or revenue reporting

Last Name		Agency Base	d Utilization	Repo	rt															
		Service Date From				/2022														
Service Coordinator Number		Service Date To			01/31	/2022		_												
Service Coordinator Agency		Program (Site):			2nd	Street	(2nd \$	Street)												
Billing Data Create Date From	MM/DD/YYYY	Service Description					ty (T20													
То	MM/DD/YYYY	Individual	Medicaid No.	Prior Auth Number	01	02	03	04	10	11	12	13	14	27	28	29	30	31	Total Used Units	Total Amount
Service Authorization Begin Date From	MM/DD/YYYY	King, Anthony	000-00-000-A		-		-		1.00	2.00	2.00	2.00	2.00)		-			9.00	332.37
То	MM/DD/YYYY	Lewis, Brian	000-00-0000-B				+		1.00	1.00	1.00				1				3.00	110.79
Service Authorization End Date From		Sullivan, Thomas	000-00-0000-Z						2.00	1.00	2.00	1.00							6.00	221.58
То	MM/DD/YYYY													_				Total:		
Service Date From	MM/DD/YYYY													Total	for - 2	nd Stre	et (2nd			
То	MM/DD/YYYY																Grand	d Total:	18.00	664.74
Service Code																				
Service Description																				





- Review claim submission & payments

 Automated upload of 835
 payment file
- Easy denial reporting
 - Re-submit directly from Therap

			lly.	
Individual Name	First Name		Last Name	
Billing Provider				
Medicaid Provider Number				
Billing Provider NPI Number				
Service Date From	MM/DD/YYYY	**		
Service Date To	MM/DD/YYYY	1		
Queued Date From	MM/DD/YYYY	i		
Queued Date To	MM/DD/YYYY	=		

	Either a Da	te Range or a	full Form ID is re	equired
Individual	Search		Q	
Service Description				
Service Code				
Service Date From	MM/DD/YYYY	*		
То	MM/DD/YYYY			
Claim Create Date From	MM/DD/YYYY			
То	MM/DD/YYYY			
Claim ID				
Transaction ID				
Claim Tracking ID				
Billing Provider Name				
dicaid Provider Number				
ng Provider NPI Number				
TCN/ICN #				
RA Number				
* Payer	- Please Select -		•	
t Submitted Claims Only	Yes			
Status	- Please Select -			



Preparing for March 2022

What you can do to prepare:

Identify who will be responsible for:

- Attendance data collection
 - Outline your agency's strategy for data collection
 - Review/Approval/Submission of billing data
- Sending and reconciling claims
 - Claim follow up review denials / resubmissions
- Identify people to attend training with Therap in February 2022.
 - This will cover how to update Super Roles and Admin Privileges for those documenting attendance and submitting claims.
- Ensure EDI Enrollment with DHHS is complete and accurate.



Resources to Stay in Touch

- Therap's South Carolina webpage: <u>https://help.therapservices.net/app/south-carolina</u>
- Look out for more webinars beginning in February 2022
- Online Billing Training Course Coming Soon!!
- Support Email...<u>scsupport@therapservices.net</u>



Therap [®] /Person-Centered. Data-Driven.							
Support Home	States	User Guides	Training				
South Carolina	State Contract						

Electronic Documentation for Intellectual & Developmental Disabilities Services



Therap is happy to be working with providers in the Palmetto State! DDSN made the decision to mandate the use of Therap throughout the state of South Carolina effective Spring 2015. The use of Therap has made the delivery of services to those in the state of South Carolina more efficient and transparent.



Thank You www.TherapServices.net