Our Webinar Will Begin Shortly

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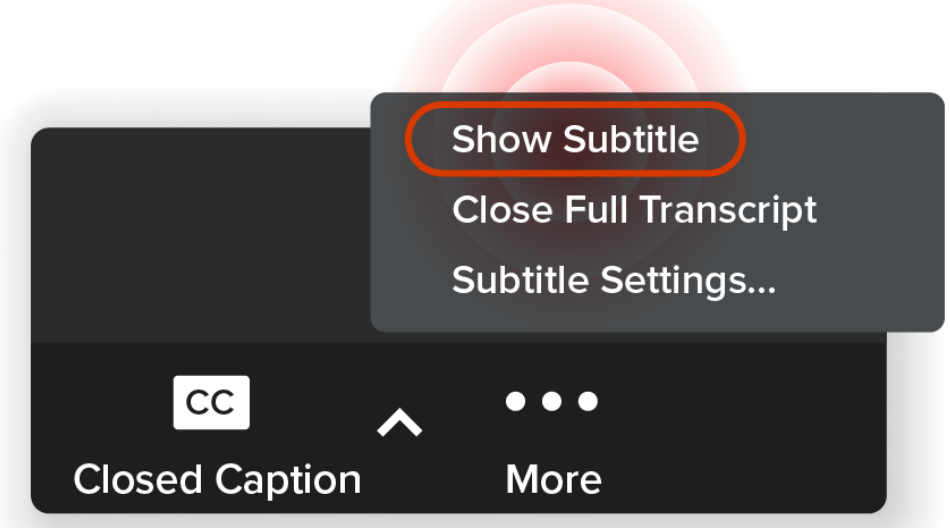


Meet the Trainers!

Janny Sachani

- **Role:** Senior Training Specialist
- **Areas of Expertise:** Billing
- **Fun Fact:** The New Dashboard feature is my favorite!

Nevada Providers Training
Billing Basics & Beyond – Mastering the Foundation

August 2025

Billing

This training will provide an overview of the updated Sandata billing process for Nevada providers, covering what's new, the improved workflow, and key changes from the previous system. By the end, you'll be ready to navigate the updated system and keep your billing on track.

Who should take this training?

- Anyone who will be managing Billing function in Sandata EVV portal. (Example: Providers, Billing Manager & Coordinators, Agency Users)

Objectives of Today's Training

You will be able to:

- **Identify** key differences between the previous and enhanced Sandata billing module.
- **Navigate** the enhanced billing workflow in the updated user interface.
- **Complete** essential billing tasks using step-by-step guidance.

Knowledge Check – What's the Nickname?

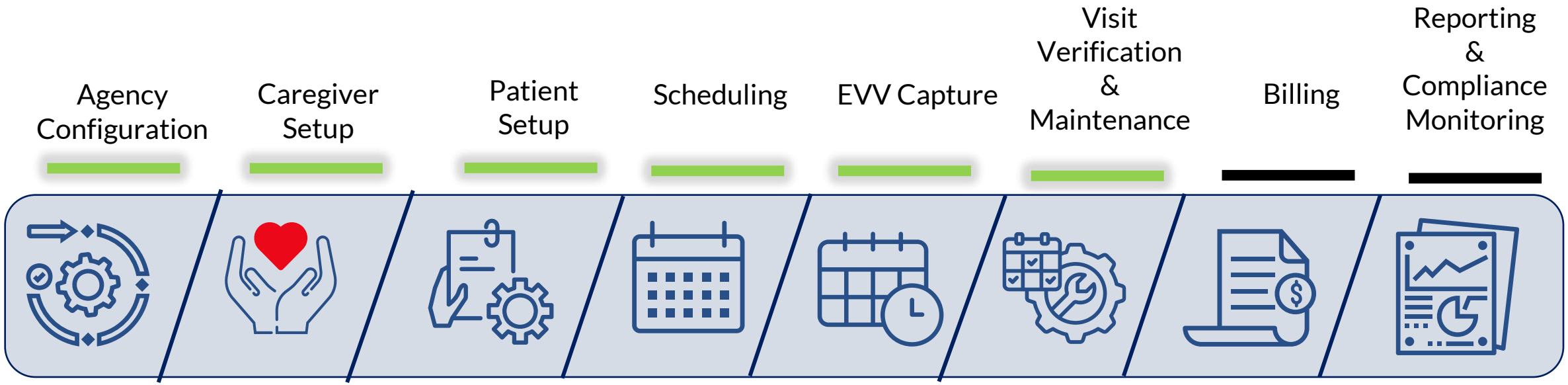
What's the official state nickname of Nevada?

A. The Golden State
B. The Lucky State
C. The Silver State
D. The Jackpot State

Agenda

- Revenue Cycle 101
- Billing Overview
- Old vs. New Billing Module
- Before You Bill
- New Billing Process
- Key Takeaways
- Support Resources
- Questions

EVV Tracker



Revenue Cycle 101

Revenue Cycle Overview

Revenue is a Cycle

1.Patient Intake

Gathering a patient's information such as name, birthdate, insurance, authorizations, etc.

2. EVV/Charge Capture

Providing services to a patient and capturing EVV and billing information

3. Claim Validation

Ensuring all billing information is accurate

4. Claim Submission

Submitting claims to payers and insurances for reimbursement

5. Remittance Posting

Recording claim rejections, denials, and payments

6. Reporting/Claim Follow-Up

Reviewing reports and determining next steps for claims follow-up

Patient Intake | EVV/Charge Capture | Claim Validation | Claim Submission | Remittance Posting | Reporting/ Claim Follow-up

📝 **Patient Intake** is the first step of accepting a patient and documenting their information and insurance details.

📱 **EVV Capture**: Capturing and Performing Approved Services for Timely Reimbursement.

✅ **Claim Validation** is when claims are checked to ensure accuracy before submitting to the payer

📤 **Claim Submission** occurs once claims are checked for accuracy and are ready to be sent to payers for claims adjudication

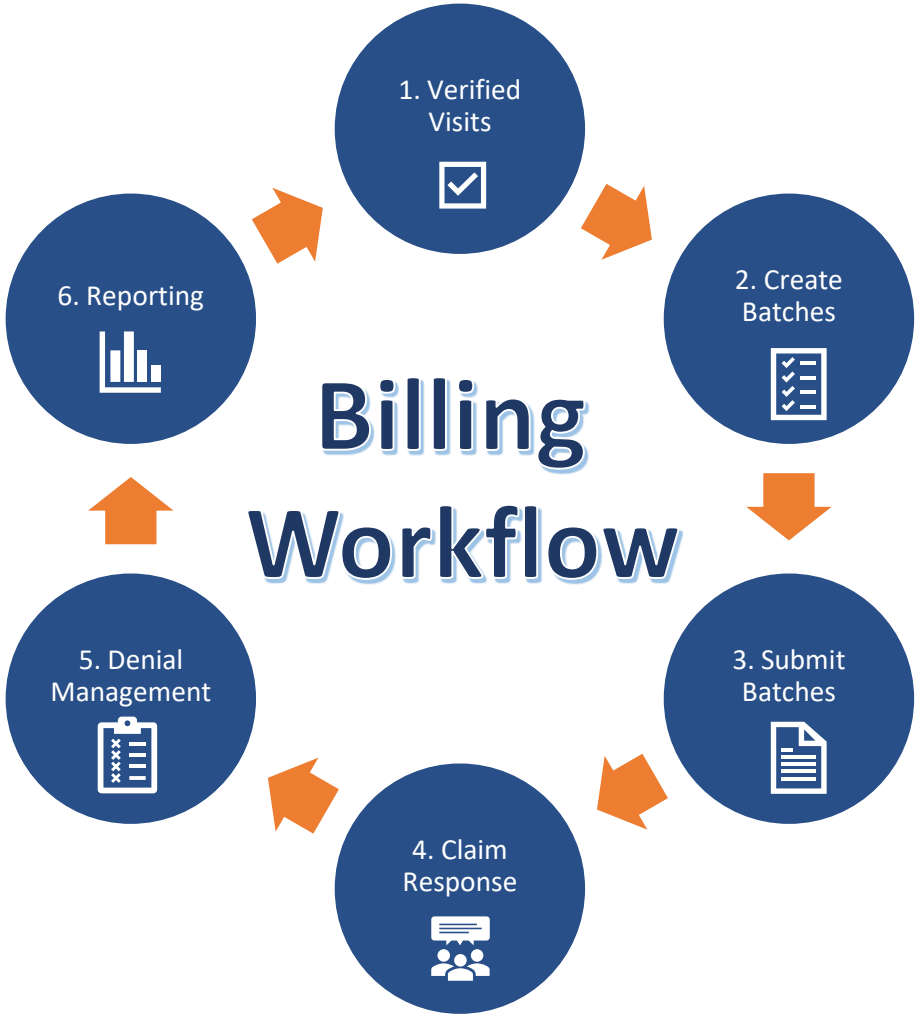
📥 **Remittance Posting** occurs when a payer sends an EOBs explaining which claims were paid and/or denied

📊 **Reporting** happens after claim responses are received and tracks cash flow and/or **Accounts Receivable (AR)**

Billing Overview

Billing

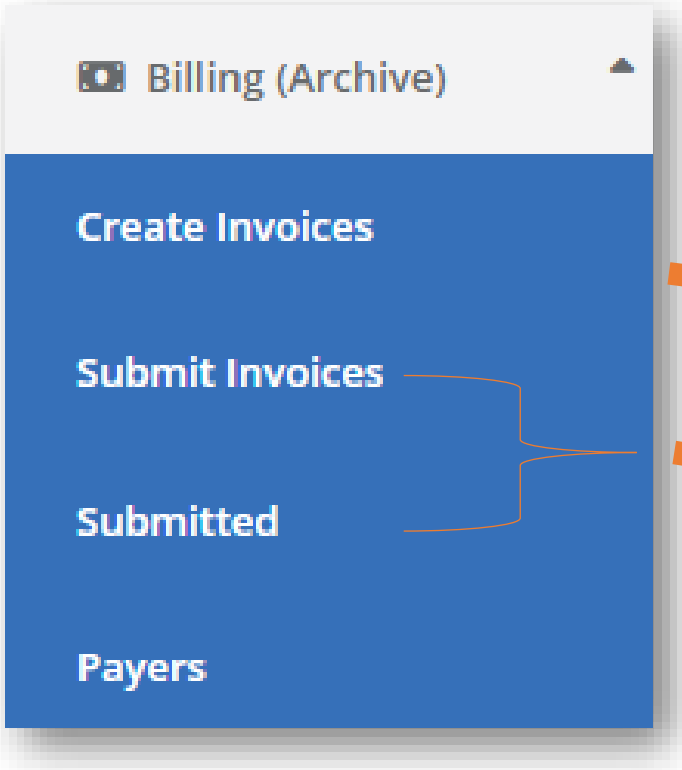
The Billing Process is a systematic approach used by healthcare providers to submit claims, receive payments, and resolve denied or unpaid claims to ensure accurate revenue collection.



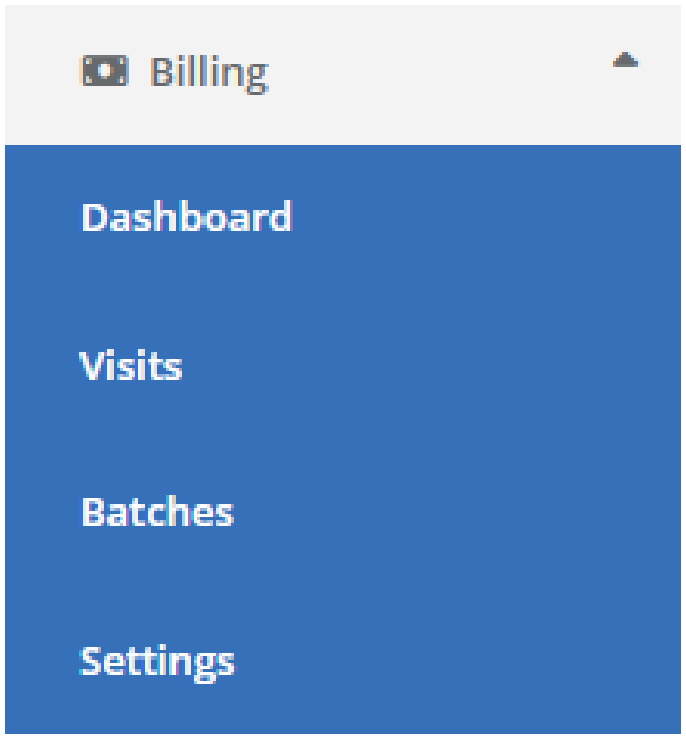
Old vs New Billing Module

Old vs New Billing Module

Old Billing Module



New Billing Module

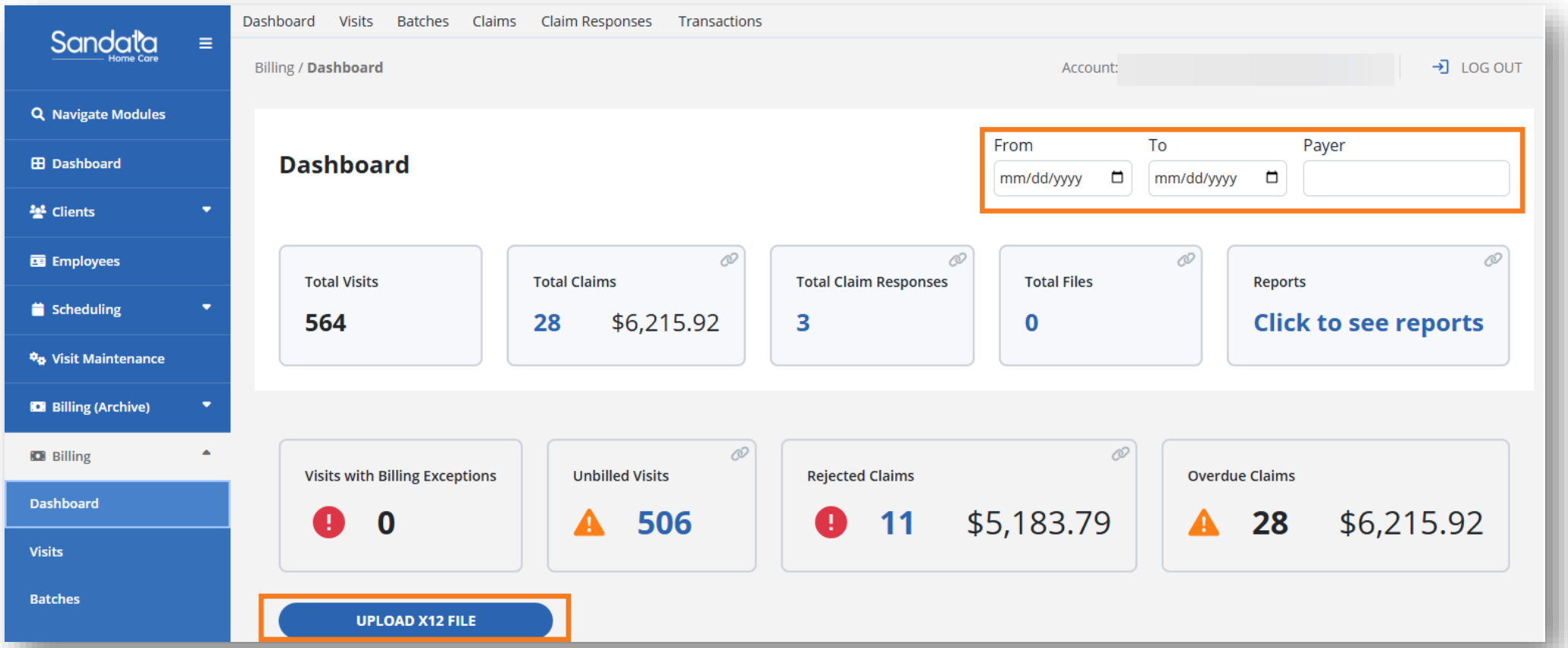


Feature Comparison

	Old Billing Module	New Billing Module
Billing Dashboard	✗	✓
• Date Range Filters	✗	✓
• Tiles Overview	✗	✓
• Total Visits & Claims	✗	✓
• Claim Responses	✗	✓
• Unbilled Visits & Rejected Claims	✗	✓
• Overdue Claims	✗	✓
• Reports Access	✗	✓
• Upload X12 Files	✗	✓
Visits (Create Invoices)	✓	✓
Batches (Submit Invoices/Submitted)	✓	✓
Billing Transactions	✗	✓

Billing Dashboard

The Billing Dashboard provides a quick view of your account information across tiles.

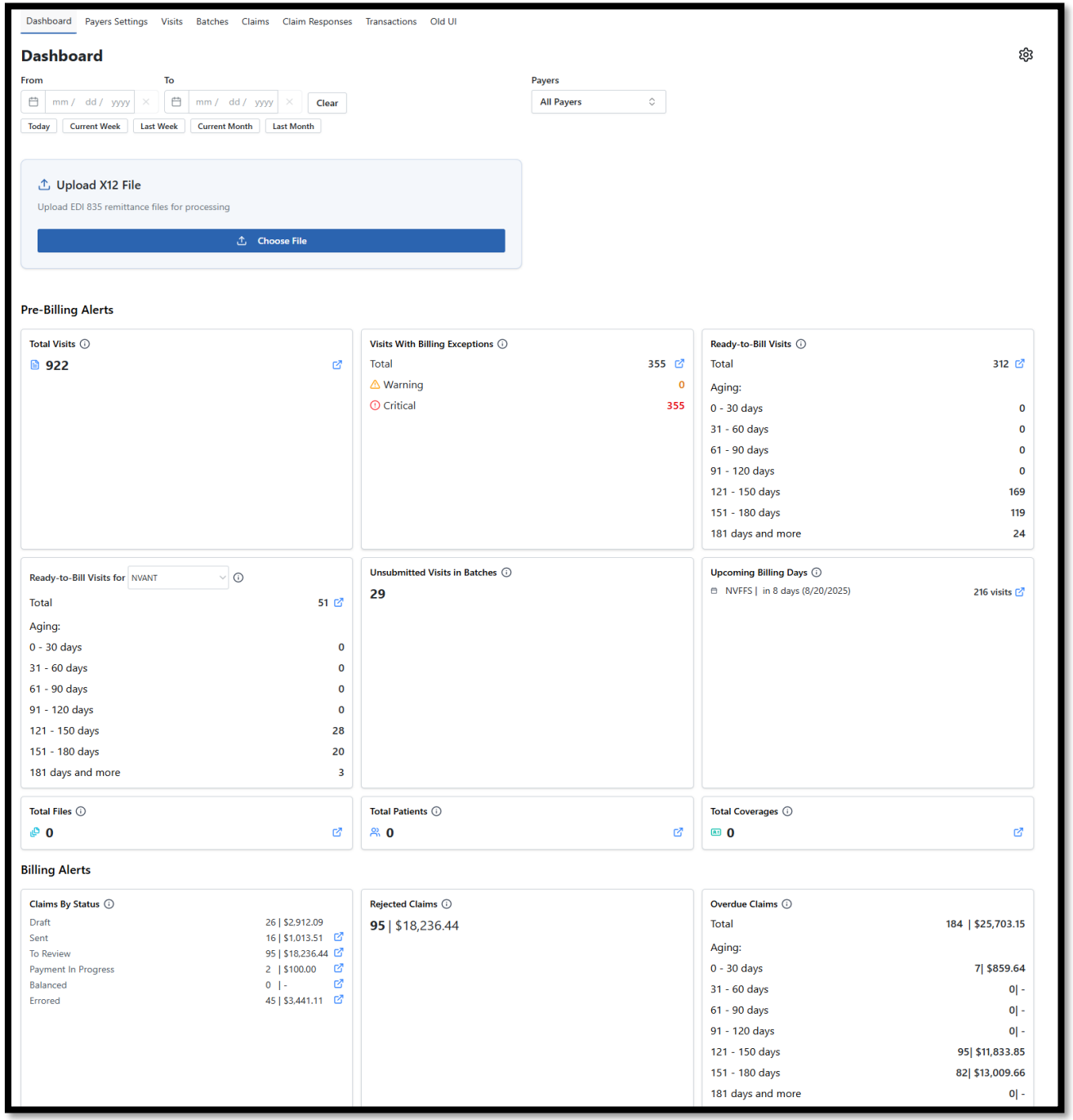


New Dashboard

Future Rollout (ETA- Sept 25th)

Self-Explanatory: Designed with intuitive visuals for easy navigation and understanding.

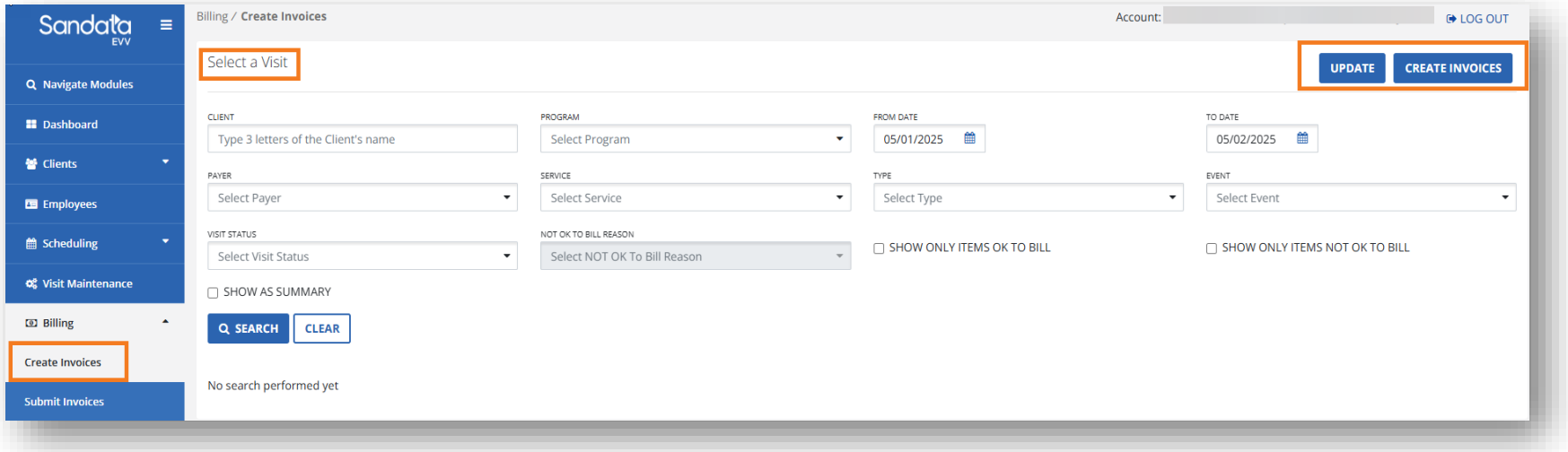
Enhanced Insights: Provides a more detailed view of operational and performance data.



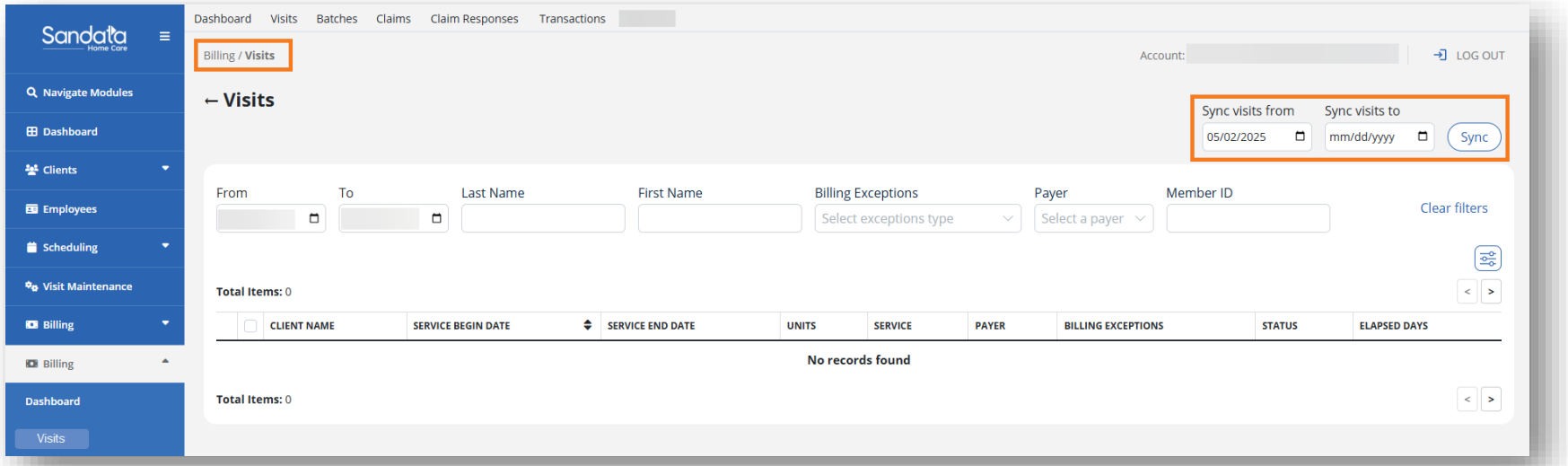
New Batch

Create Invoices is now Visits

Create Invoices:



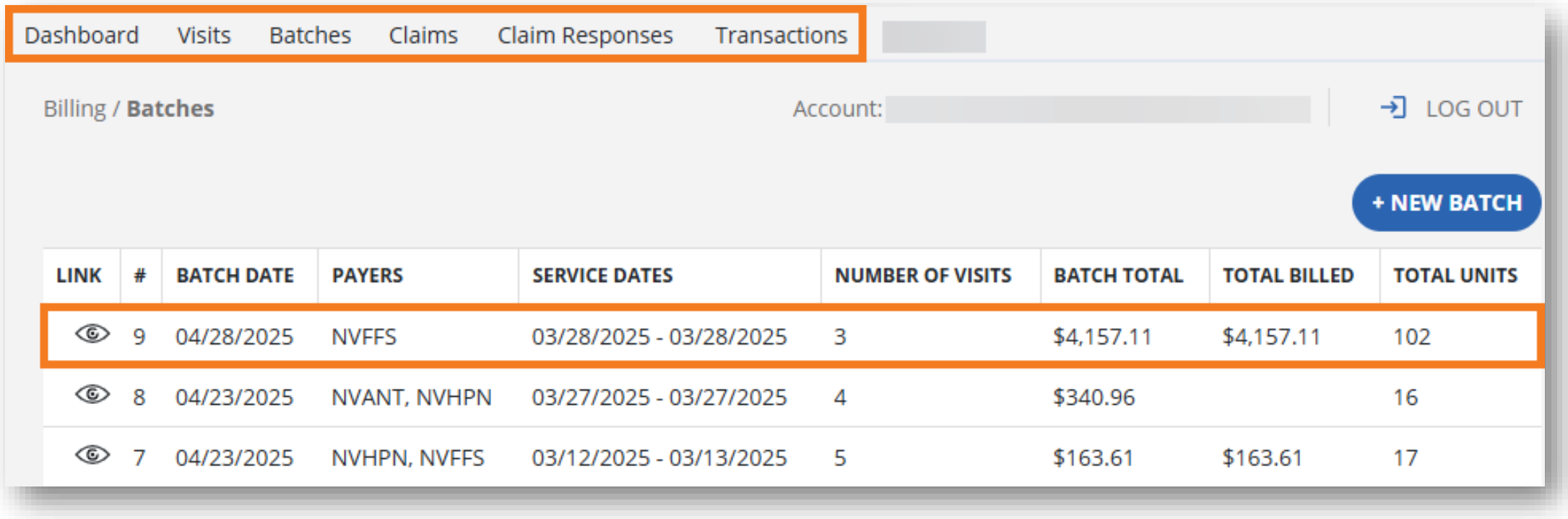
Visits:



Batches

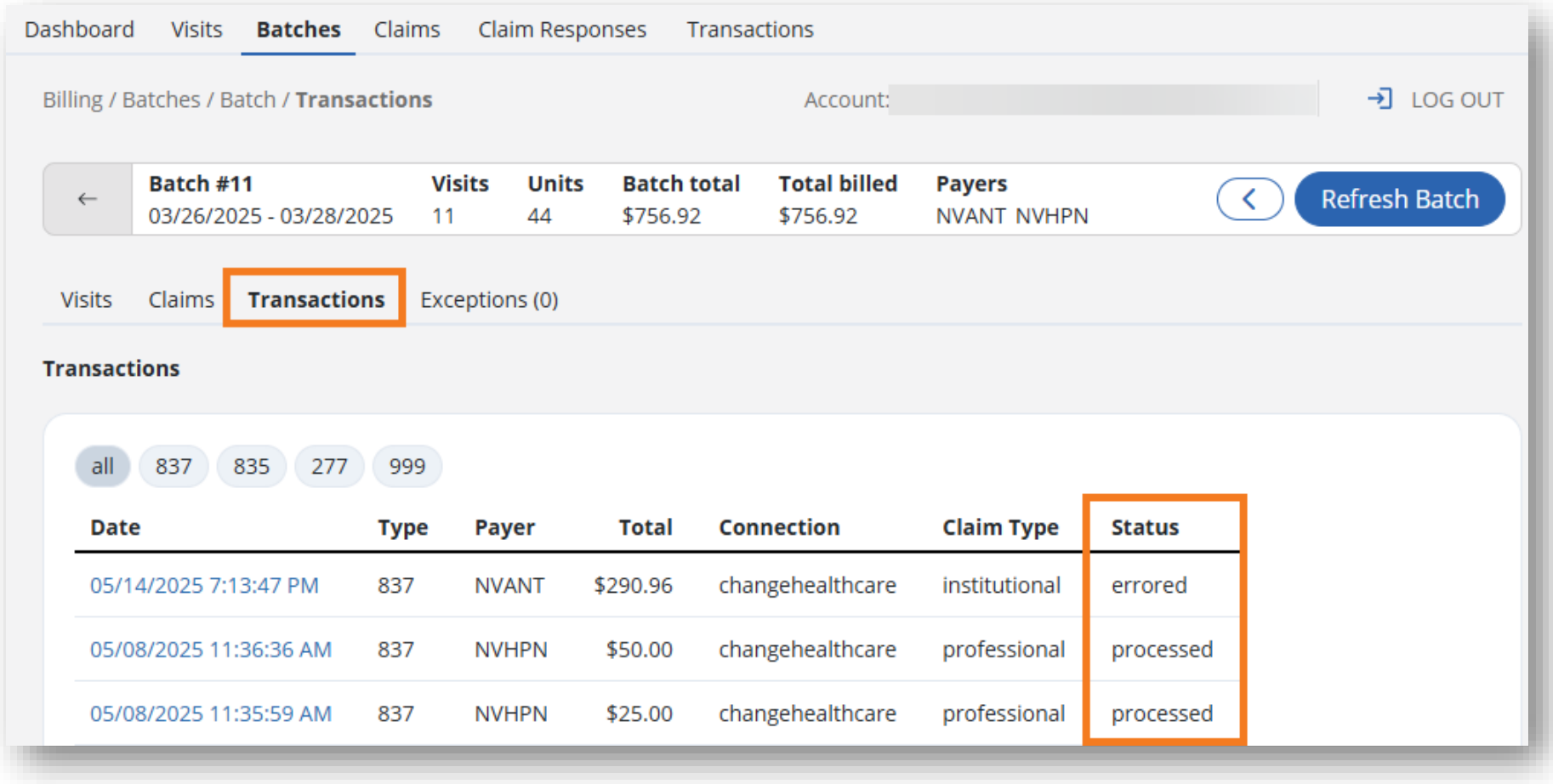
Submitting a New Batch (Formerly Submit Invoices and Submitted)

The Batches screen displays the batches that you have created.



Transactions

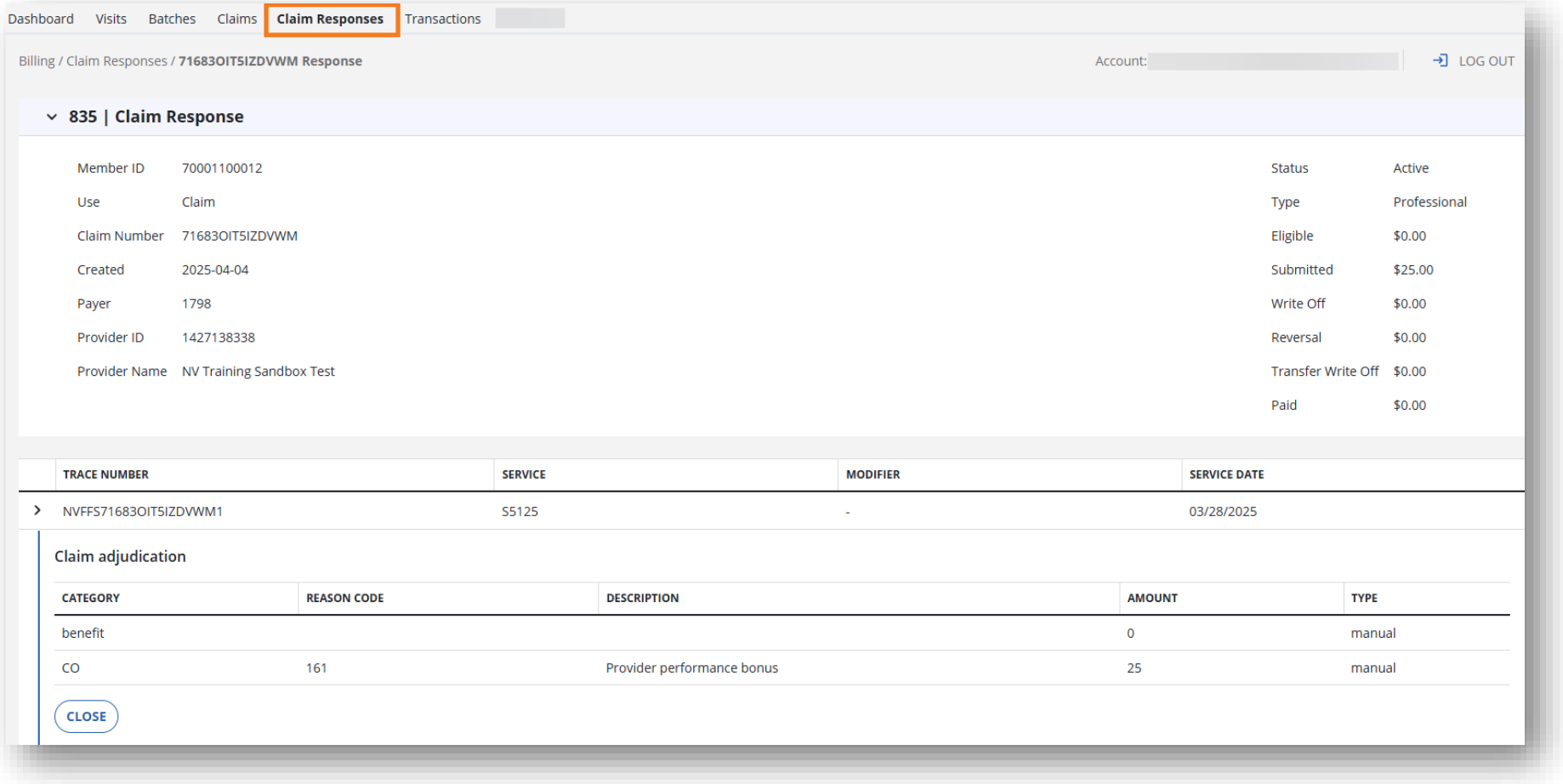
The Batches is now listed as a set of claims under the **Transaction** tab to view the status of the claims.



Claim Response

Remittance (835 files)

You can access the **Claim responses** tab from the Dashboard.



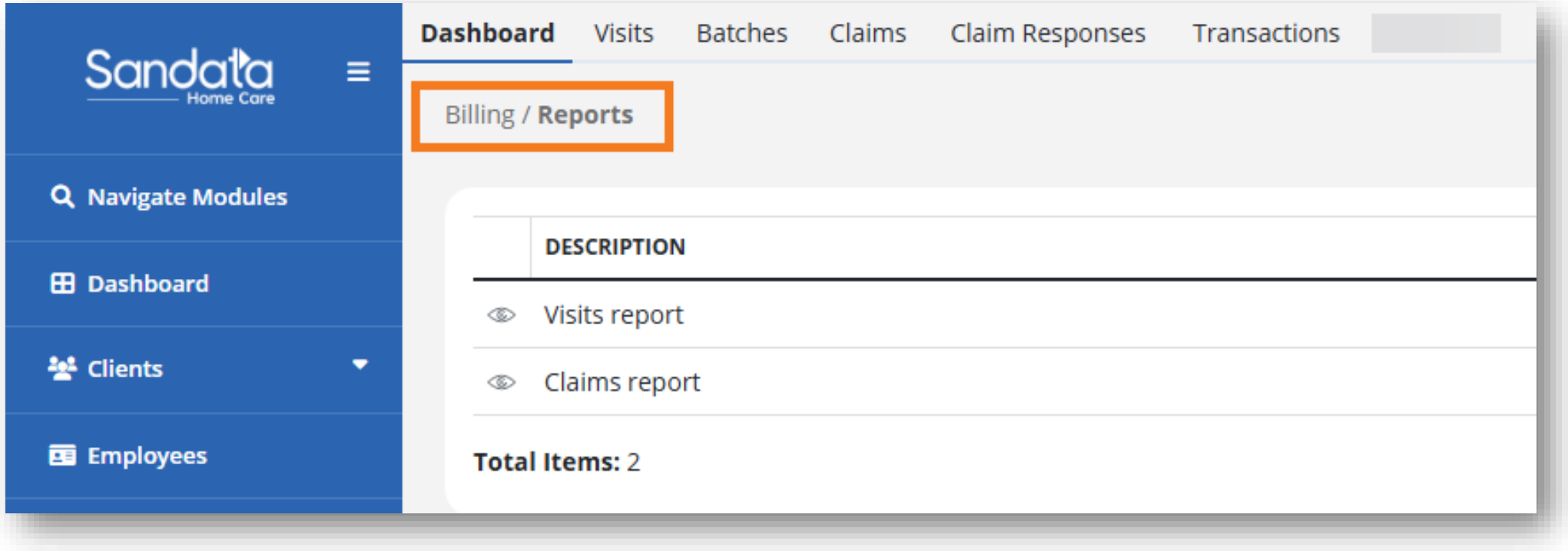
Note: Provider need to complete the enrollment process to receive the 835 Remittance files.

Billing Reports

Dashboard -> Reports

There are new reports in the billing module, which you will not find in the EVV Reports module.

You will access these reports via the Billing Dashboard.



Knowledge Check – New Billing Module

You've been asked to give leadership a high-level view of billing activity and trends. This wasn't something easily done in the old module.

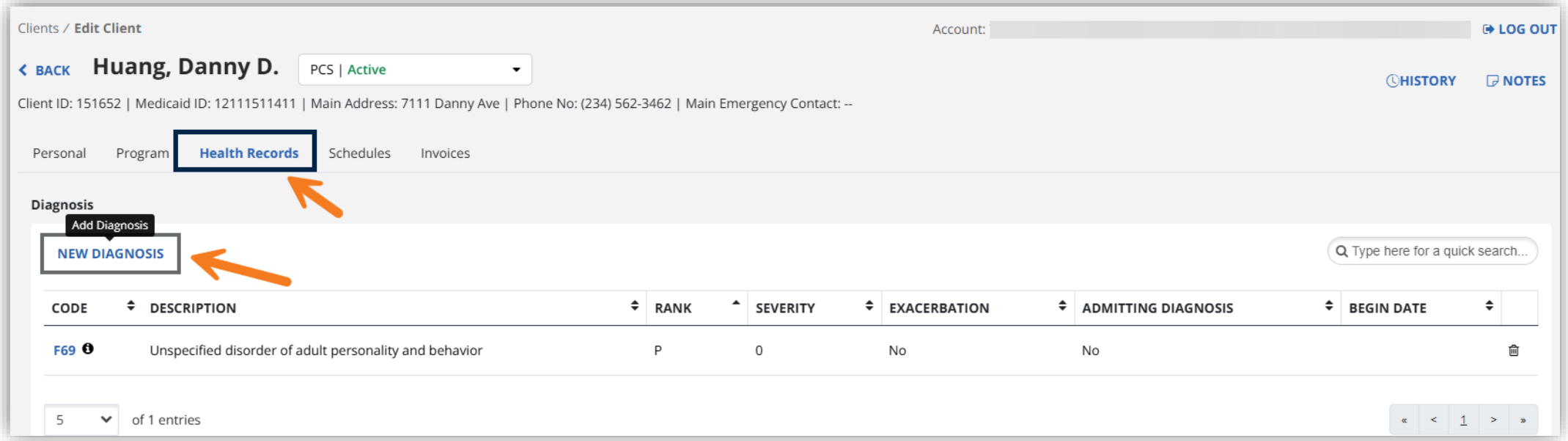
Question:
Which new feature should you use for this purpose?

A. Submitted
B. Dashboard
C. Payers
D. Batches

Before You Bill

Required for Billing

Dx code is required to bill.



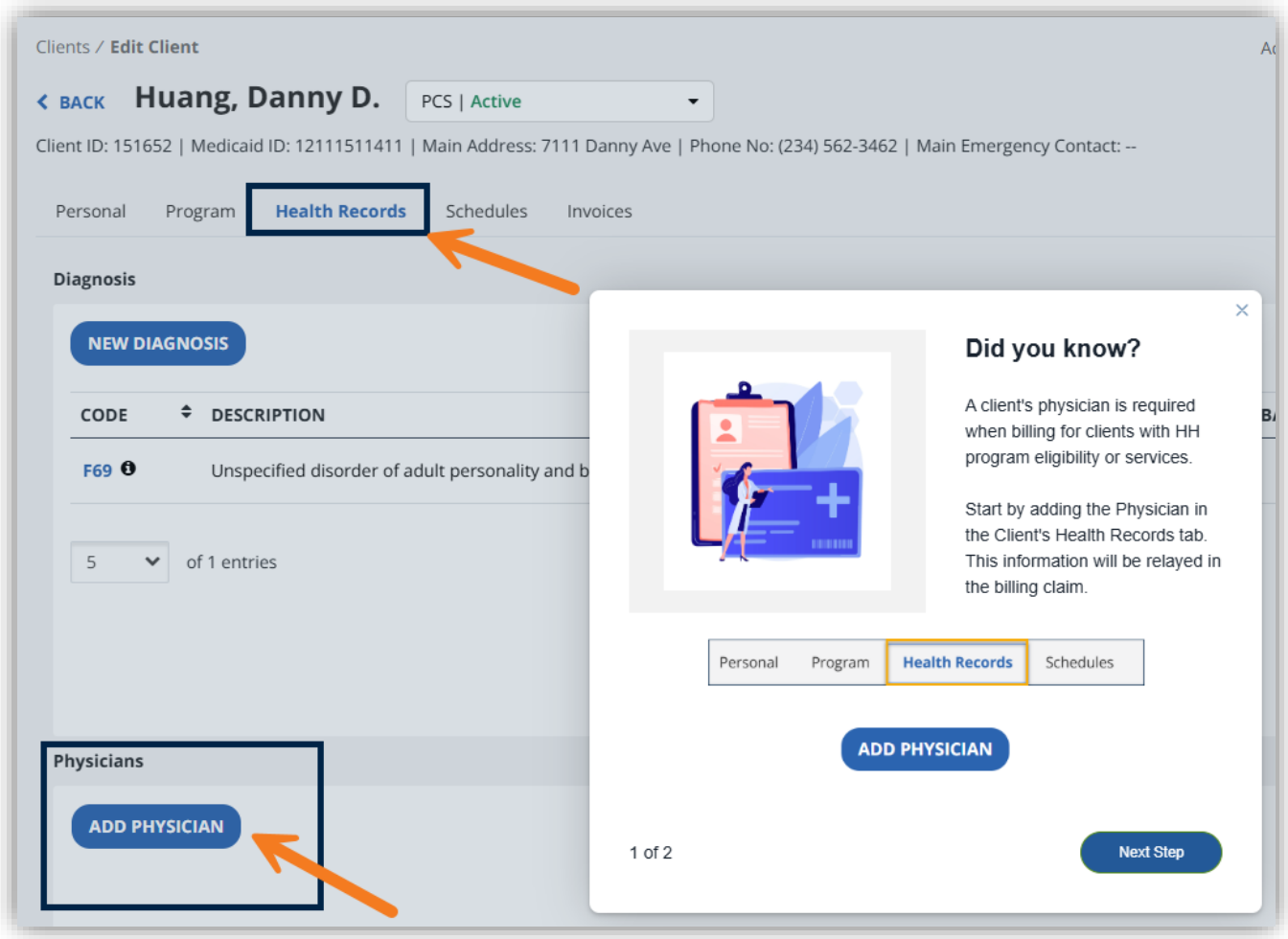
Adding a Diagnosis Code

Required for Billing

Physician is required for services with program code = HH

Adding a Physician to the System

Adding a Physician to a Client's Health Records



Managing Exceptions

Billing & Visit Maintenance Exceptions

Common Visit Exceptions

- **Missing Client**
- **Missing Employee**
- **Missing Date/Time of Service**
- **Missing Type of Service**

Typical Billing Exceptions

- **Missing Client Date of Birth**
- **No Authorization Match**
- **Missing Diagnosis Code**

Creating a Batch

Creating an invoice to be billed is known as creating a batch. A batch is a group of verified visits that you will bill for in the claims process.

📁 Navigate to Billing → Visits

🗓️ Select Date Range → Sync Visits

🔍 Apply Visit Filters

✅ Choose 'Visits without Exceptions'

☑️ Select Visits → Checkboxes

💾 Click 'Save Batch'

Knowledge Check – Before you bill

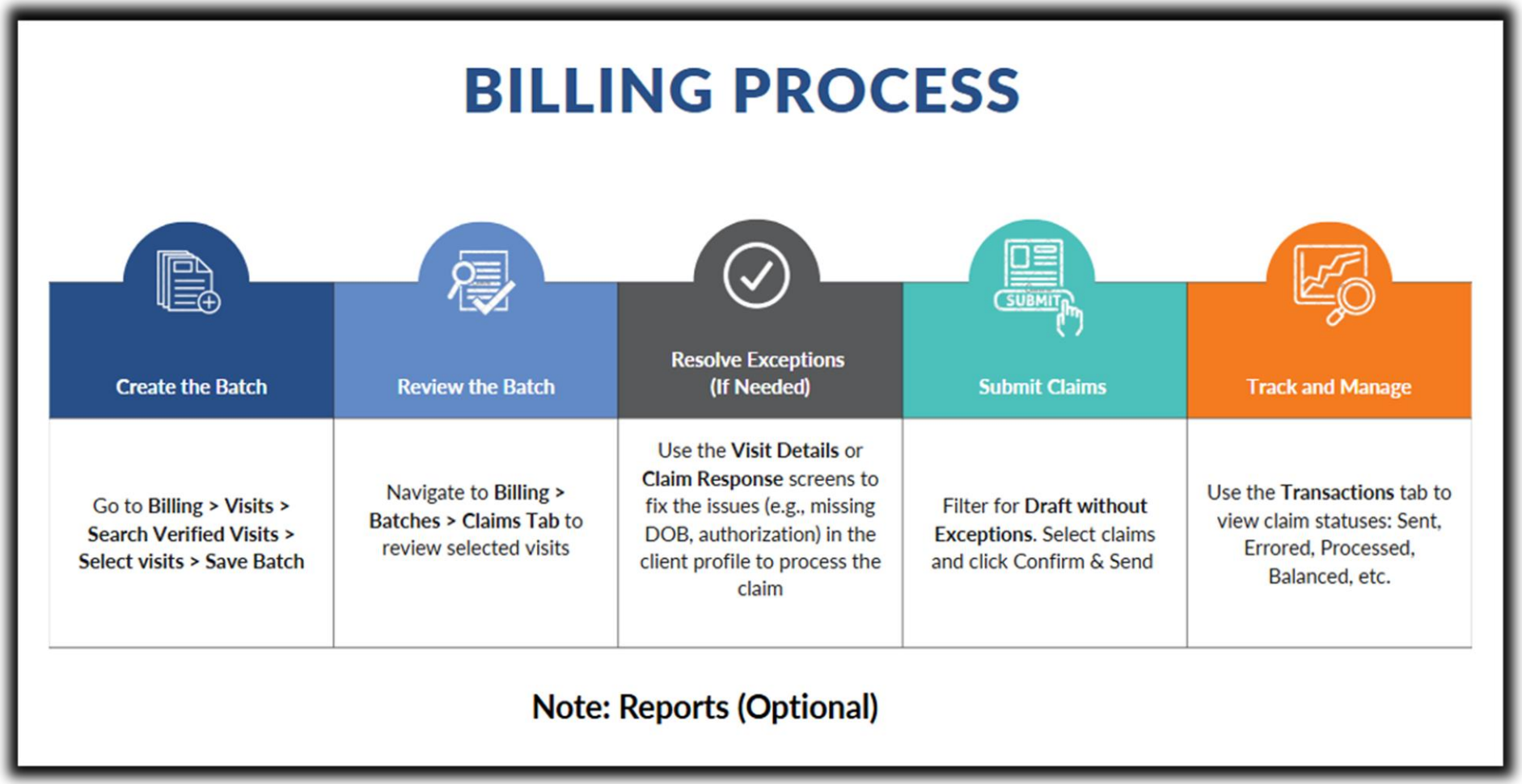
Scenario:
You are preparing to submit a claim for a patient's visit. When you try to generate the bill, the system flags missing information and prevents submission.

Question: Which of the following needs to be added to the patient's record before billing can proceed?

A. Insurance policy number only
B. Diagnosis (Dx) code and physician information
C. Authorization number only
D. Service location details

New Billing Process

New Billing Workflow



Step 1

Create the Batch

1. Go to **Billing > Visits** and set the date range, then click **Sync**.
2. Use filters to find visits; batches can include multiple payers.
3. Filter by **Visits without Exceptions (Ok to Bill)** for clean claims.
4. Select visits using checkboxes or **Select All**.
5. Click **Save Batch** to prepare visits for claim submission.

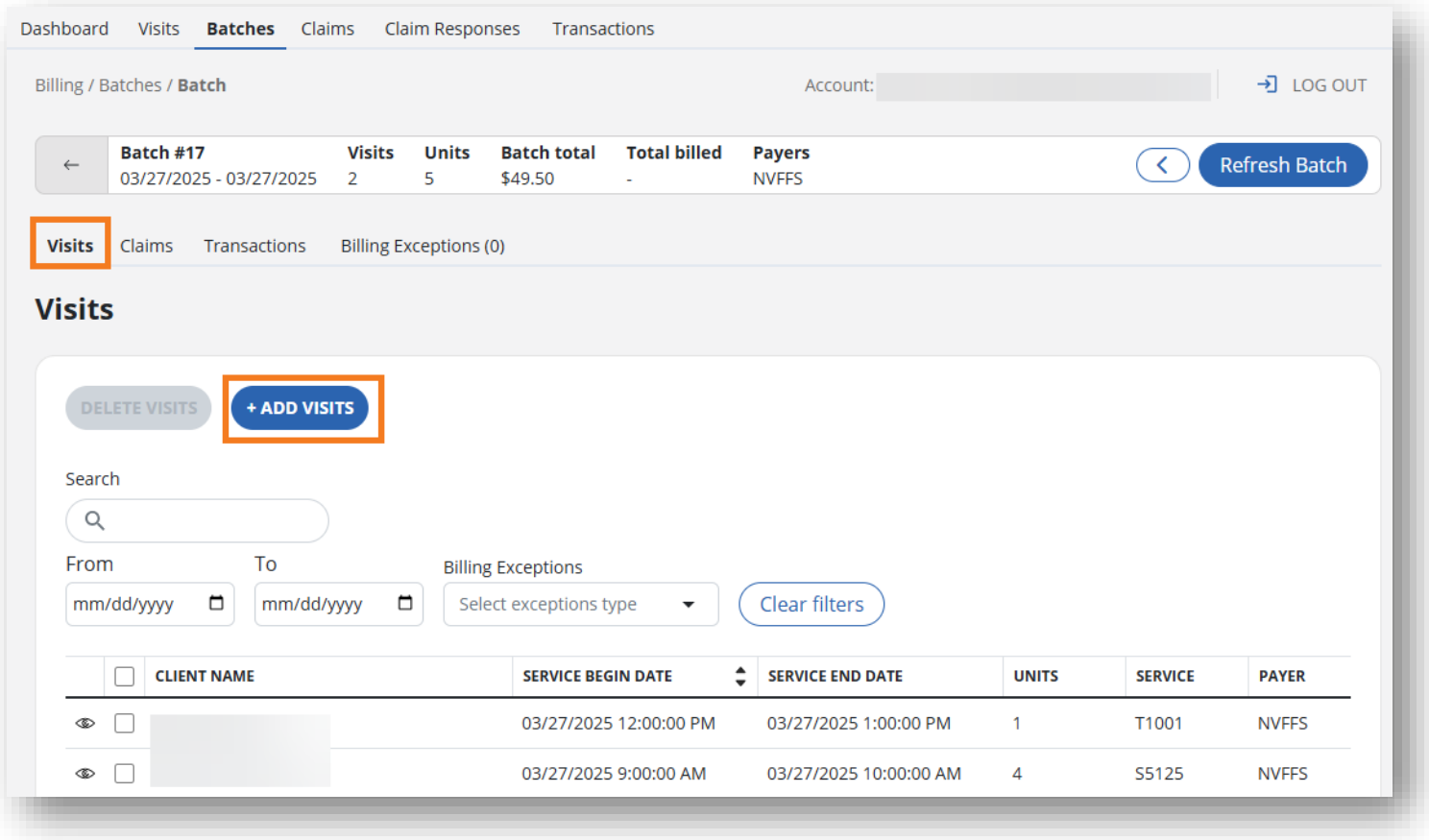
Note: Use **Visits without Exceptions** to create batches, and **Visits with Exceptions** to review and resolve issues before batching.

Step 2
Review the Batch

1. Navigate to the **Billing module** and select **Batches**.

2. Click the **Eye** Icon to review the **Visits** added on the batch.

3. If needed, add additional **Visits** to the batch.

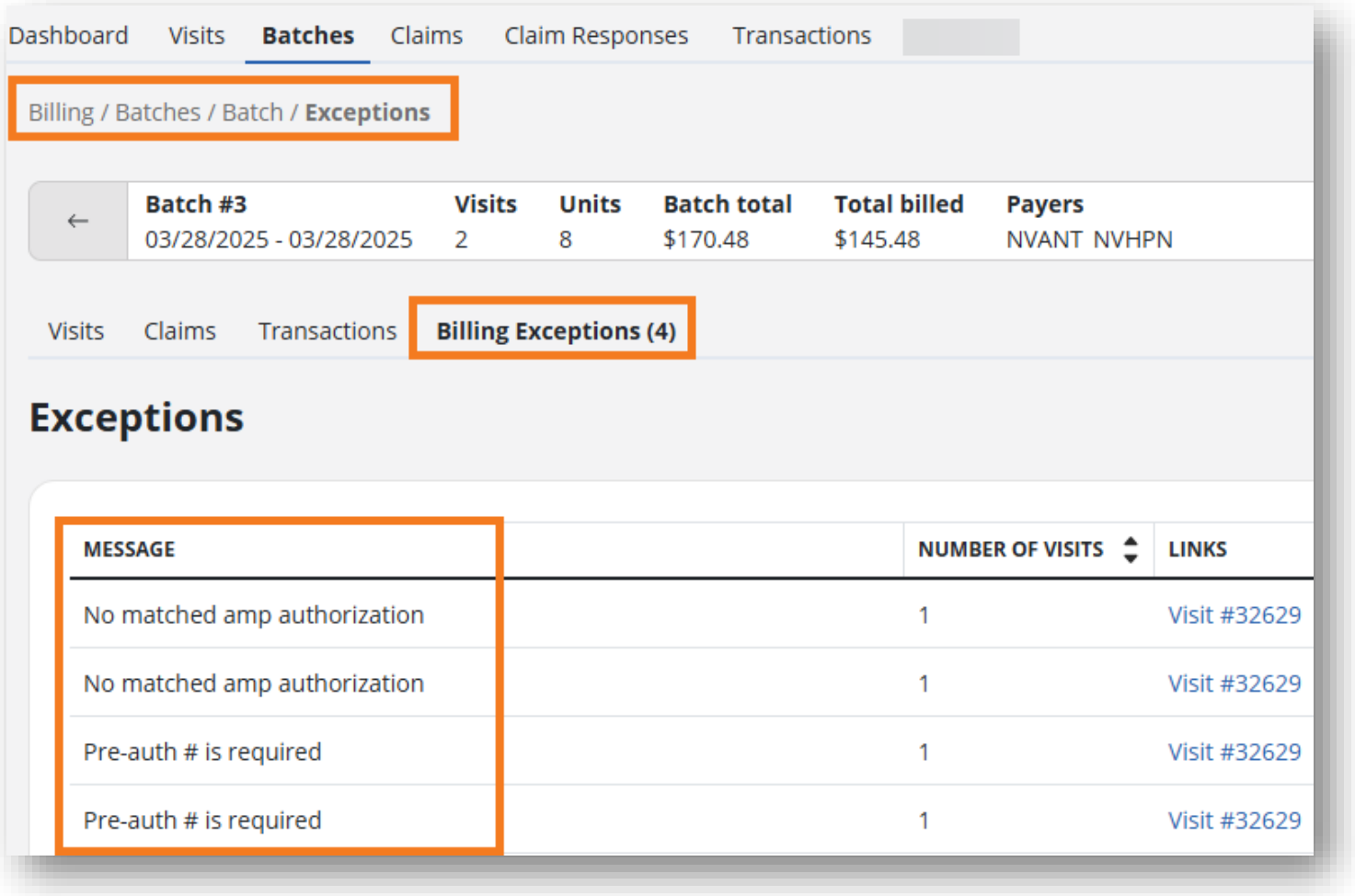


Step 3

Resolve Exceptions (If Needed)

1. Use the **Billing Exceptions** screen to resolve the Exceptions **(IF needed).**

2. Fix Issues such as **Missing DOB, Authorization** in the client profile to process the claim.



Step 4

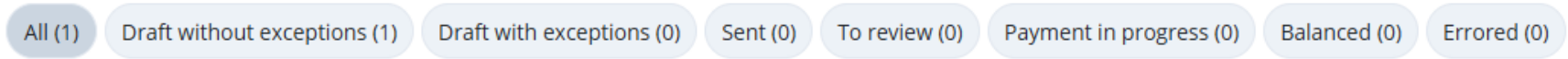
Submit the Claims

1. Navigate to the **Billing module** and select **Batches**.

2. Find and open the **Batch** you wish to make the claim for.

3. Open **Claims tab** inside of the **Batch**.

4. Use the **filters** to help sort the claim info & status.



5. Select **Draft without exceptions** & select each visit that is to be billed in this batch.

6. Select **Confirm & Send.**

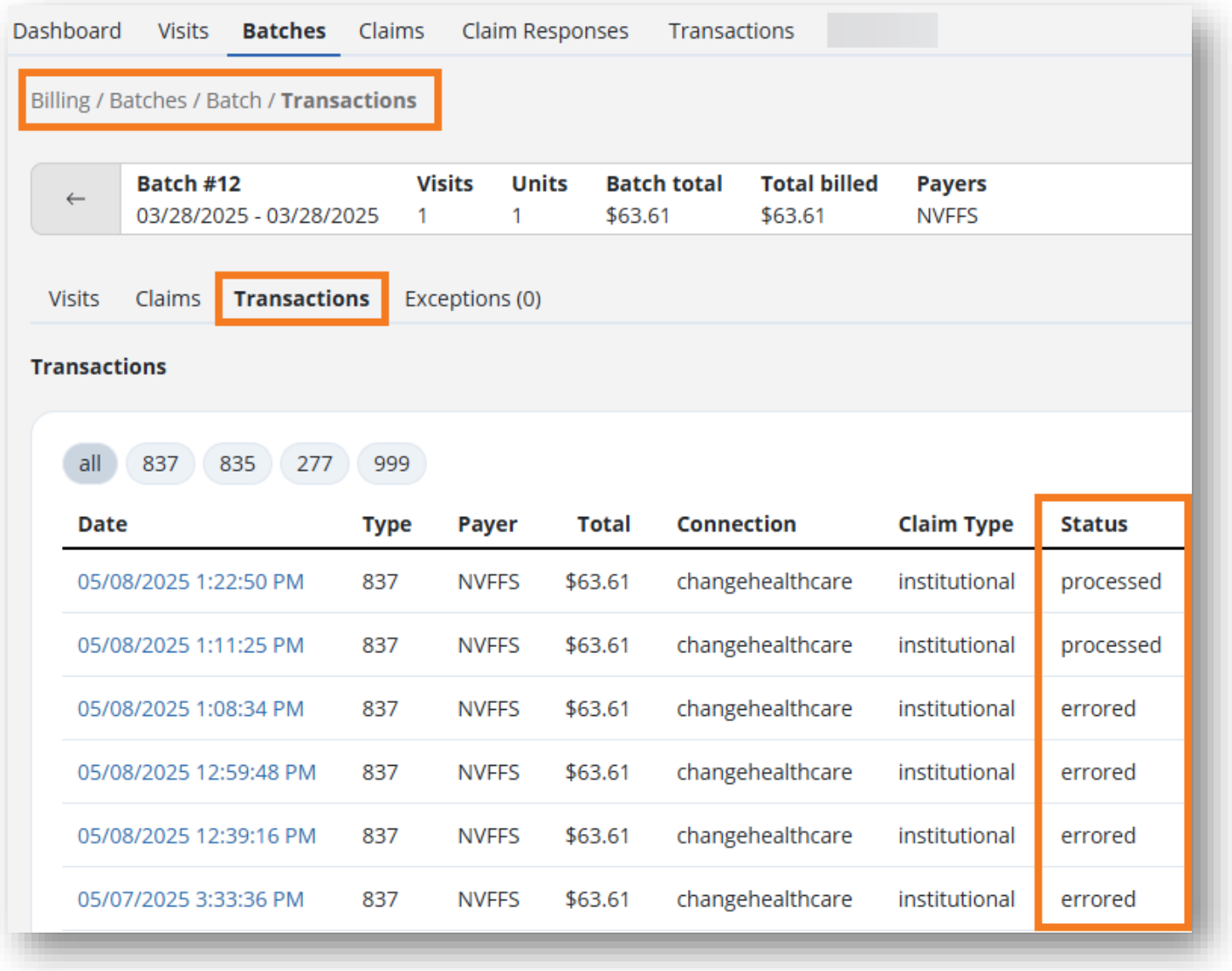
Filters

In this table, each Claim Status is defined.	
All	View all claims that are in the batch.
Draft without exceptions	Claims in draft form not yet submitted.
Draft with exceptions	Claims with billing exceptions in draft form not yet submitted
Sent	Claims that have been sent for payment.
Errored	Claims that have been previously submitted but need to be revised before resubmitting.
To review	Claims that need to be reviewed before re-submitting; there is an action that needs to be taken.
Processed	Claims that have been submitted for payment: the clearinghouse has received the claim.
Balanced	Claims that were paid.
Payment-in-progress	Claims submitted awaiting payment we have received a message back from the clearinghouse that the payer has received the claim.

Step 5
Track & Manage Claims

Use the **Transaction** tab to view **Claim Statuses**.

Example: Sent, Errored, Processed, Balanced



Knowledge Check – New Billing Workflow

After submitting claims, your supervisor wants a status update on claim processing.

Question:
Which tool should you use to view the status of submitted claims?

A. Dashboard
B. Visit Maintenance
C. Transaction Tab
D. Reports

New Billing Process
DEMO

Navigate Modules

Dashboard

Clients

Employees

Scheduling

Visit Maintenance

Billing (Archive)

Billing

Reports

Authorizations

Security

Visit Counts By Exceptions | Visit Counts By Status

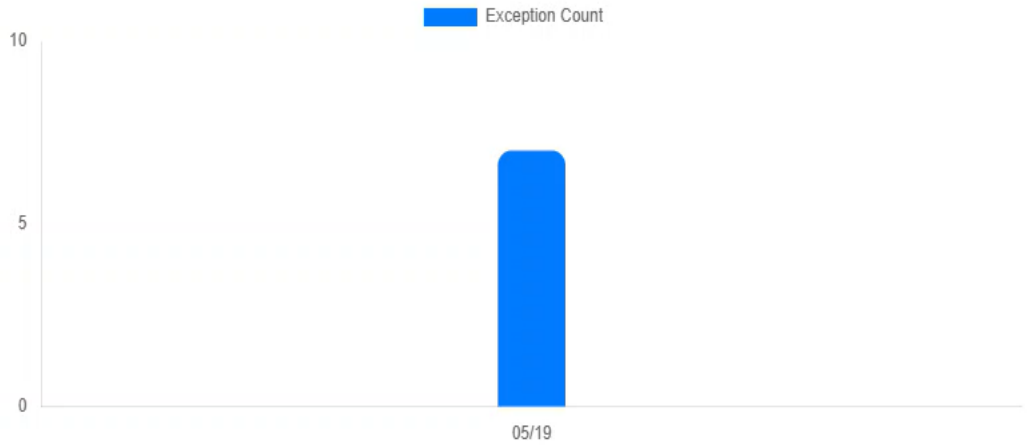
Date Range

Today

Visit Exceptions

Unknown Clients	0
Unknown Employees	0
Visits Without Any Calls	1
Visits Without In-Calls	1
Visits Without Out-Calls	1
Missing Tasks	1
Late In-Call	0
Early Out-Call	0

Visit Exception Count Per Day



Key Takeaways

Key Takeaways

- The **Old Billing Module** can be used for claims dated through **May 22, 2025**. All claims dated **May 23, 2025** and after must be submitted using the **New Billing Module.**

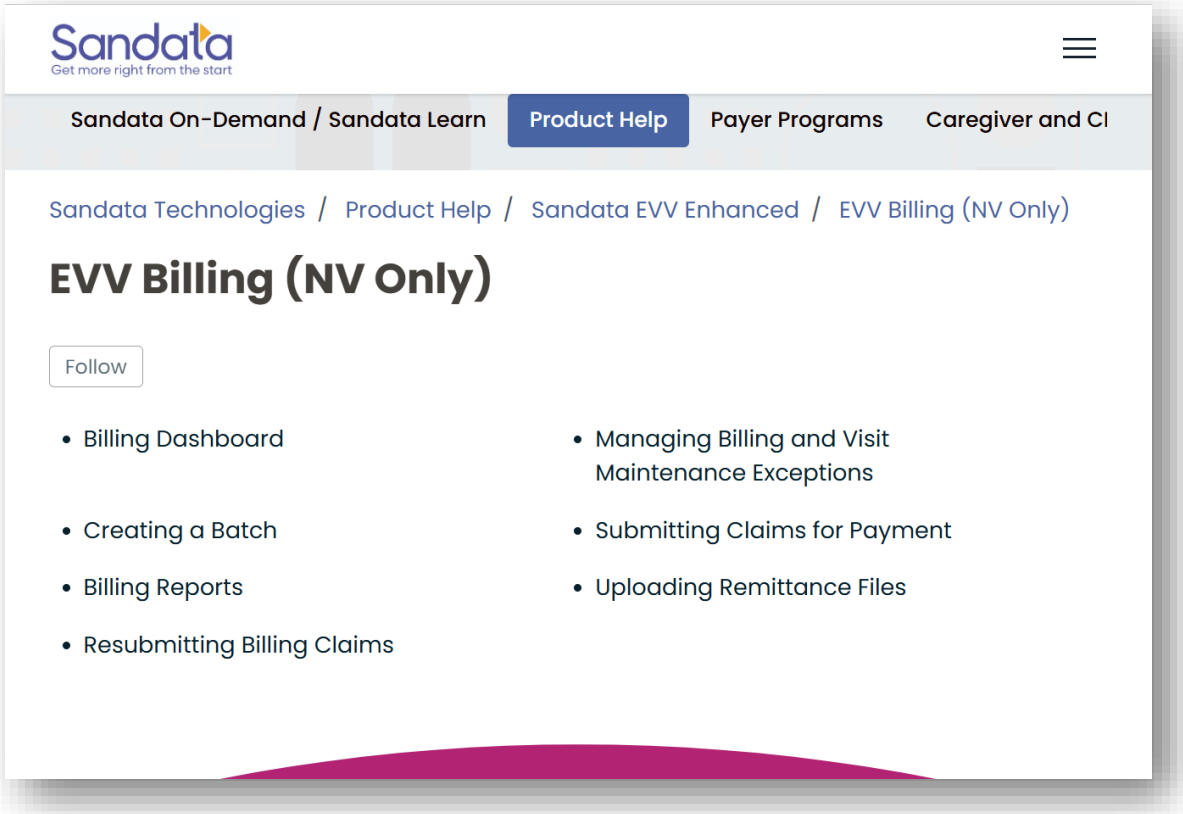
- Prevent billing holds with simple, proactive checks such **Diagnosis code, Physician info, authorization** etc.

- The New **Billing Dashboard** helps you see all billing activity, bill faster, and prevent errors.

Resources

Resources

- Nevada (NV DHCFP) Billing
- Managing Exceptions: Billing and Visit Maintenance Exceptions
- Billing Dashboard
- Creating a Batch
- Submitting Claims for Payment
- NV Billing: Not Okay to Bill Reasons Guide
- Uploading Remittance Files
- ConnectCenter Navigation



Program, Policy, & General Information

Program, policy, or general EVV questions?

- Contact Nevada Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP) via email at NVEVV@dhcfp.nv.gov

Questions?

HHAeXchange

THANKS FOR ATTENDING!

Please provide us your feedback after exiting the webinar.