

CORE PROCESS

Billing, Payroll & Reimbursement

PURPOSE

To ensure timely and accurate billing, payroll, and reimbursement by aligning visit data, timecards, and payer requirements so the organization gets paid correctly and caregivers are paid on time.



01

TIME & VISIT DATA CAPTURE

Owner: Payroll / Finance Team

- Sync caregiver app or timekeeping system with completed visit data.
- Validate visit start/end times, tasks completed, and required signatures.
- Flag missing, incomplete, or conflicting entries for follow-up.
- Lock approved data for use in billing and payroll.



02

BILLING CODE VALIDATION

Owner: Billing Specialist

- Match each approved visit to the correct billing code and modifier.
- Confirm units, service type, and payer rules (coverage limits, auths, etc.).
- Flag exceptions such as missed, shortened, or overlapping visits.
- Correct or route exceptions for review before claim submission.



03

CLAIMS SUBMISSION & TRACKING

Owner: Revenue Cycle Manager

- Generate and submit electronic claims (EDI) or invoices to Medicaid and other payers.
- Verify that claims are accepted by clearinghouses and payers.
- Monitor denials, rejections, and aging on a regular cadence.
- Prioritize and route denied or rejected claims for correction and resubmission.



04

CAREGIVER PAYROLL PROCESSING

Owner: Payroll Clerk / HR

- Import verified time, visit, and mileage data into the payroll system.
- Apply correct pay rates, overtime rules, differentials, and bonuses.
- Review payroll for errors or outliers before final approval.
- Process payroll and address caregiver questions or corrections quickly.



05

RECONCILIATION & REPORTING

Owner: Finance Lead

- Reconcile payments received against claims submitted and expected amounts.
- Investigate underpayments, write-offs, or unpaid claims and escalate as needed.
- Produce regular financial and revenue cycle reports for leadership.
- Use trends and findings to inform improvements in billing, payroll, and upstream processes.