

Claim Status in FIT KIDS

A billing claim can have the following status in FIT KIDS:

1. **New** – New claim in the system. Not submitted for billing.
2. **Ready to Bill** - Claim submitted for billing.
3. **Submitted for Processing** - Claim picked up for processing.
4. **Failed** - Claim processing failed due to errors.
5. **Duplicate** - Claim is duplicate and will not be submitted to Medicaid.
6. **Processing** - Claim submitted to Medicaid.
7. **Paid** - Claim has been paid.
8. **Rejected** - Claim rejected by Medicaid (in RA)
9. **Adjusted** - Claim amount has been adjusted.

Billing Process

Following process explains the different stages and statuses that a claim goes through in FIT KIDS:

Claim Generation

- **New**
When a delivered service is added in the system, a new claim is generated with status "New".

Claim Submission

- **Ready to Bill**
To submit the claims for processing, select the claims and click on the "Ready to Bill" button. At this point, the status of the claim will change to "Ready to Bill". The "Ready to Bill" claims will be picked up by the billing system for processing in the upcoming billing cycle.

-----BILLING CYCLE RUNS-----

Claim Processing

- **Submitted for Processing**

When the billing cycle runs and the “Ready to Bill” claims are picked up by the billing system, the status for these claims will change to “Submitted for Processing”. This means that the claims are being processed by the billing system. There is no action required by the users at this point. Billing cycle will process the claims and return the appropriate status. (Explained below)

-----BILLING CYCLE PROCESSES CLAIMS & UPDATES FIT KIDS-----

Claim Processed

When the claims have been processed by the billing system, the claims status will change to one of the following -

- **Failed**

If the claim processing failed due to any errors, the status of the claims will be updated to “Failed”. In this case, users should add the delivered service and submit it again.

- **Duplicate**

If the status of the claim is set as “Duplicate”, it means that the billing system has identified this claim as a duplicate claim and it will not be submitted to Medicaid. Providers will need to do a paper claim for this duplicate claim. It will remain in the FIT KIDS system as a “Duplicate” claim.

- **Processing**

If the claim is processed successfully by the billing system and the payment source is determined as Medicaid, the status of the claims will change to “Processing” and the Payment Source of the claim will be updated to “**Medicaid**”.

- **Paid**

If the claim is processed successfully by the billing system and the payment source is determined as DOH, the status of the claims will change to “Paid” and the Payment Source of the claim will be updated to “**DOH**”.

Activities after Claim are Processed

- **Medicaid Claims**

For Medicaid claims, the status of the claims is updated to “Processing” by the billing system. After you receive the Paper RA, you may reconcile your Medicaid claims in FIT KIDS by changing the status to one of the following:

- **Paid**

When the status of the claim is “Processing”, you can mark them as Paid by selecting the claim and clicking on the Paid button. At this time, the status of the claim will change to “Paid”.

By default, the “Amount Received” will be the same as Claim Amount.

- **Adjusted** (Optional)

If the Amount received is different from the claim amount, enter the amount received in the “Amount Received” field and click on the “Adjustment Link”. The status of the claim will change to “Adjusted” at this point.

- **Rejected**

In case the claim is rejected by Medicaid (as per the paper RA), select the claim and click on the “Rejected” button. At this point, the status of the claim will change to “Rejected” Also, the [Resubmit to DOH](#) link will be enabled.

- **Resubmit claim to Medicaid:**

- Change in Delivered Service data: To resubmit the claim to Medicaid, edit the delivered service for this rejected claim. You may change all/none of the service data but it is important that you edit and click on Update button to update the service. At this point, the status of the claim will change to “New” again and it can be submitted for processing by setting it to “Ready to Bill”.
 - No change in Delivered Service data: To resubmit a rejected claim to Medicaid, select the “Rejected” claim on the billing screen and click on “Ready to Bill” button. The status of the claim will change from “Rejected” to “Ready to Bill” and this claim will be picked up by the billing process to be resubmitted to Medicaid.

- **Resubmit claim to DOH:** To resubmit the claim to DOH, click on the “[Resubmit to DOH](#)” link. The status of the claim will change to “Ready to Bill” and this claim will be picked up by the billing system in the next billing cycle.

- **DOH Claims**

For DOH claims, the status of the claims is “Paid”. Providers may change the status of the claims to the following:

- **Adjusted** (Optional)

By default, the “Amount Received” will be the same as Claim Amount. If the Amount received is different from the claim amount, enter the amount received in the “Amount Received” field and click on the “Adjustment Link”. The status of the claim will change to “Adjusted” at this point.