



Full-Service Billing

Protocols and Guidelines
Updated October 2024

Provider Account Setup

All billing accounts are set up in the Vylet billing application and have a Client ID and Account ID both provided by the Vylet process setup. All accounts must also contain the Provider ID provided by HFS.

Provider Information Submission

All clients must submit a provider information form, which contains all the information we need to set up their account.

Account Setup

This is a procedure required by Vylet staff which includes creating the account on our server, setting up authentication for the client to access the account, and insuring the account is ready for production.

Provider Orientation

This is a 15–30-minute telephone procedure to instruct clients on the necessary protocols and tools needed to create a sustainable execution of services. These tools and protocols are discussed in the next section.

Tools and Protocols

Driver Trip Sheet

All trips to be billed by our staff must be captured on an HFS compliant trip sheet used by your drivers. These sheets may be accessed and printed directly from our website under Resources.

Delivery

Once the sheets are completed by drivers, they must be sent to our billing department for processing. The following methods are allowed for delivery to our billing department.

1. Upload via Website (coming soon)
2. Fax
3. Postal Mail
4. Physical Delivery
5. Email (if password protected)

Processing Schedule

Converting Trips to Electronic Claims

All trips captured on trip sheets are converted to claims and transmitted to HFS within 3 business days of receiving the trip sheet that contains them. Submitting completed trip sheets several times per week ensures you will have pending claims in the HFS system at all times.

HFS Transmissions

We transmit claims to HFS Monday-Friday to ensure all providers get multiple transmissions per week. Transmission to HFS does not guarantee payment on claims.

Reporting Schedule

Claim Reports

These reports list each leg of each trip as a separate line item with basic trip information including the individual line charge to be paid by HFS. This report is sent to providers every Friday and contains all trips that were transmitted for the current week and their totals expected payout amounts.

Recipient Eligibility Report

Eligibility checks are done 2-4 times per week for each client on the HFS MEDI System. The provider is sent a notification and report if one or more of their recipients becomes ineligible.

Trip Approval Verification

Approvals are checked daily. Any approvals whose status changes from an "Approved" status will trigger a notification (optional) to the provider followed by an Approval Report.

Provider Invoicing

Invoicing is done monthly containing all batches transmitted with the invoiced month. All invoices are generated with Net 7-Days pay schedule. Arrangements may be discussed if the payment due date cannot be met. Past due invoices without payment arrangements may cause service interruption.

Support

Feel free to call us with any questions or concerns at (312) 915-4828 ext. 101.