



**Early Intervention
Central Billing Office**

**Provider
Insurance Billing Procedures**

July 2010

Provider Insurance Billing Procedures

Provider Registration

Each provider choosing to opt out of billing for one, all or any of their clients covered by private insurance, must register with the EI-CBO Insurance Billing Unit prior to identifying any EI enrolled participants for which they wish the EI-CBO to bill the insurance carrier for.

The provider must understand that there are several stages in the insurance billing process that require complete and timely cooperation from them in order to facilitate successful billing to the insurance company.

All items that are required by the provider to complete, listed in this document, can be faxed to the Early Intervention Central Billing Office at 217/492-5629, mailed to P.O. Box 19485, Springfield, IL 62794-9485 or submitted online at <http://www.eicbo.info/emc/login.php>

1. Providers will access the Insurance Billing Registration packet from the EI-CBO website at www.eicbo.info.
2. Providers can download, print, fax, mail or submit on-line the following items from the Insurance Billing Registration packet (with signatures, if applicable):

Conditions of Registration document

- The provider's registration in the program certifies that they have read and agree to comply with all of the Conditions of Registration and understand that failure to perform the requirements, as outlined in the Conditions of Registration document, can result in termination from the insurance billing program.
- The provider must return the signed Conditions of Registration form to the EI-CBO Insurance Billing Unit by fax/mail.

Provider Registration form

- The provider must complete all information on the form in order to complete the registration process.
 - If any fields are missing data, the EI-CBO will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will send the provider a Provider Registration Information Request letter noting each item that is missing.
 - The provider must return the completed Provider Registration Information Request letter to the EI-CBO by fax, mail or by on-line submission.

Availity Business Associate Provider Access Delegation Form

- The provider must complete the Availity Business Associate Provider Access Delegation Form in order to authorize the EI-CBO to submit claims

on their behalf to insurance companies.

- The provider must forward the signed form to the EI-CBO by fax/mail for EI-CBO.
- Availity is used to submit electronic claims to insurance carriers as well as to obtain eligibility and benefit verification and claim status updates.

eCare authorization letter

- The provider must draft a letter, on their letter head, with all of the data elements of the sample letter or insert the data elements into the sample letter included authorizing the EI-CBO to access participant information such as eligibility verification, claim status inquiry, and address verification.
- The provider must forward the signed letter to the EI-CBO by fax/mail for EI-CBO to submit to eCare.
- eCare is used to verify patient eligibility with insurance carriers as well as to obtain claim status checks for insurance carriers who participate with this service.

Navinet authorization letter

- The provider must draft a letter with all of the data elements of the sample letter or insert the data elements into the sample letter included authorizing the EI-CBO to access participant information such as eligibility verification, claim status inquiry, and address verification.
- The provider must forward the signed letter to the EI-CBO by fax/mail for EI-CBO to submit to Navinet.
- Navinet is used for eligibility verification and claim status inquiries for insurance carriers not participating with Availity or eCare.

3. A Welcome Letter will be forwarded notifying the provider that the registration process has been completed.

Participant Identification

As the provider identifies a client(s) for whom they wish to have the EI-CBO perform insurance billing for, the provider must identify the child as an insurance billing case.

1. Once the provider receives their Welcome Letter from the EI-CBO showing that the registration process is complete, they must complete a Participant Identification form for each newly referred, EI enrolled participant they request the EI-CBO to bill insurance carriers for and must submit the form, along with the required documentation, to the EI-CBO by fax, mail or by on-line submission.
 - The provider must attach documentation showing that pre-billing requirements have been met. This may include primary care physician

referral and/or an insurance pre-certification or proof of notification, by the provider, to the insurance company.

- The provider must attach the following:
 - Copy of the evaluation report
 - Copy of the prescription from the referring physician
 - Results of any testing
2. If any required information is missing, the EI-CBO Insurance Billing Unit will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will send the provider a Participant Identification Information Request form and will proceed with processing the billing upon receipt of the form from the provider.
 - The provider should fax or mail the completed Participant Identification Information Request form to the EI-CBO.
 3. The EI-CBO will return to the provider, an approved Participant Identification form as the provider's confirmation that the participant has been identified for insurance billing and that the provider is able to begin submitting Participant Encounter forms to the EI-CBO in order to generate claims to the private insurance carrier. Again, it is the responsibility of the provider to contact the insurance carrier prior to beginning services to ensure any and all referral and/or pre-certification requirements are met.
 4. The EI-CBO will return to the provider by fax or mail a copy of the completed Participant Identification form, confirming that the provider is able to begin submitting Participant Encounter forms to the EI-CBO.
 - If applicable, the provider must complete the insurance company form and return it to the EI-CBO within seven (7) business days.

Claim Submission/Participant Encounter Form

1. Once the provider has completed a date(s) of service, they must complete a Participant Encounter form that documents the visit for which they will be seeking reimbursement for. A separate encounter form will need to be completed for each individual visit.
 - Please be sure to mark the type of service being rendered as well as your hourly rate and the number of units.
 - Make note of any medical diagnosis as well as the treatment diagnosis. Please do not put the ICD-9 codes on the form.
 - Please include how the issue was treated and what the treatment outcome was for each visit.
 - Please attach office/progress notes.
 - **PLEASE DO NOT INCLUDE PROCEDURE CODES** as our certified coders will assign the most accurate code to the encounter based on the information contained in the visit notes as well as the information contained in the previously submitted report.
2. The provider must complete all sections of the Participant Encounter form and submit the completed form on-line via the member's area or print fax or mail it to

the EI-CBO.

3. To ensure that the EI-CBO Insurance Billing Unit submits the claim to the insurance carriers in a timely manner, the provider must submit the completed and typewritten Participant Encounter Form and progress notes to the EI-CBO Insurance Billing Unit within 45 days from the date of service.
 - If any required information is missing, the EI-CBO will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will send the provider a Participant Encounter Form information request letter to obtain the missing information. The completed form should be fax or mailed to the EI-CBO.

Remittance Advice

1. After insurance company payment determination has been made on a submitted claim, the insurance company will send an Electronic Remittance Advice (ERA) or paper Explanation of Benefits (EOB) to the insured or to the provider directly.
2. A copy of the ERA/ EOB from the insurance company must be forwarded to the EI-CBO Insurance Billing Unit within 90 days from the date of the ERA or EOB. The EI-CBO Insurance Billing Unit will not accept a fax date or a print out date of the ERA or EOB.
3. If the provider receives an ERA or EOB from the insurance company requesting additional information, the provider must forward a copy to the EI-CBO Insurance Billing Unit within seven (7) business days of receipt.
4. Providers must submit the ERA or EBO to the EI-CBO Insurance Billing Unit regardless of the insurance outcome. The EI-CBO will post the information to the CBO processing system and generate a Provider Claim Summary for the provider's records.

Secondary Payers

1. If the child is covered by more than one private insurance plan, the steps listed in the Insurance Claim Submission section above will be repeated to submit claims to the secondary carrier after payment determination has been made by the primary carrier.
2. If the provider has not received payment at or above the current state rate for the service after payment determinations have been made by both primary and secondary private insurance carriers, the EI-CBO will process the claim minus any insurance payment up to the state rate for the service type and intensity submitted through the CBO processing system.

Denial Management

1. Upon receipt of the insurance carrier's remittance advice regarding

payment/denial of the claim, the EI-CBO will review all denials.

2. If the claim has been rejected, the EI-CBO will review the denial reason to determine if the rejection is appropriate.
 - If additional information is required to clarify the denial reason, the EI-CBO will contact the insurance carrier's customer service area to seek clarification as to the reason the claim was denied.
 - If the rejection is appropriate, the EI-CBO will prepare an EI appropriate claim for payment through the EI-CBO processing system.
 - If the rejection is inappropriate, the EI-CBO will contact the insurance carrier's customer service area to attempt to resolve the denial.
3. If the rejection cannot be resolved, the EI-CBO will complete and submit an appeal or reconsideration request of the claim to the insurance carrier.
4. If the insurance carrier denies the claim after the appeal, the EI-CBO will review the second denial and determine if it is appropriate.
 - If the appeal denial is not appropriate, the EI-CBO will determine if a dispute or second level appeal is appropriate to complete and submit that appeal to the insurance carrier.

Posting Payments to the CBO System

Once all primary and secondary private insurance carrier payment determinations have been made, the EI-CBO will post the payment/denial information to the CBO processing system to ensure that the CBO claims processing system and Provider Claim Summaries will accurately reflect all insurance payment activity for the EI enrolled participant.

1. If the payments from all insurance carriers total to less than the state rate, the provider will receive the additional payment due for the services performed.
2. If the payment from all insurance carriers total to more than the state rate, the provider will not receive any additional payment for the services performed.
3. For denied services, EI-CBO Insurance Billing Unit staff will enter the not covered amount and generate a post billing waiver to ensure that the provider is aware that all remaining dates of service for the remainder of the benefit year are to be billed directly to the CBO without billing the private insurance carrier.

FORMS

This document is intended to define the Conditions of Registration into the EI-CBO Insurance Billing Unit billing program. By reading and signing this document and by completing and submitting a Provider Registration form, you agree to the terms and conditions of this document.

- The provider must read and agree to the conditions of registration.
- The provider must complete a registration packet prior to identifying clients for billing.
- The provider must submit a participant identification form along with any pre-certifications or PCP referrals received from the insurance company.
- The provider must comply with all insurance carrier restrictions.
- The provider must perform an insurance benefit verification check to ensure service coverage and obtain any provider restrictions on the participant's policy.
- The provider must submit a Participant Encounter form to the EI-CBO Insurance Billing Unit for use in insurance billing.
- The provider must respond to all EI-CBO Insurance Billing Unit information requests within seven (7) business days.
- The provider must understand that participation in the CBO insurance billing program is voluntary and that they may opt out of the program, in writing, with thirty (30) days notice for any child the EI-CBO Insurance Billing Unit is currently submitting claims for.
- The provider will only bill the EI-CBO Insurance Billing Unit for new referrals received after completion of the registration packet and notification from the EI-CBO Insurance Billing Unit that the participant's registration has been accepted.
- The provider must realize this is a voluntary program and that they may be terminated from the insurance billing program for repeated violations of policy, procedures and generally accepted billing practices.

PROVIDER SIGNATURE

DATE

Availity Business Associate Provider Access Delegation Form

Provider Name: _____

Tax ID: _____

Date: _____

I am a Physician, Hospital-Based Physician, Physician Group, or Hospital currently under contract with _____ CQUEST (EI-CBO) _____ having offices at _____ SPRINGFIELD, IL _____ for medical billing and/or other claims related services.

I do hereby authorize CQUEST (EI-CBO) access to claims and other related information for my patients through their use of the Availity® Gateway. I do hereby affirm that all of the necessary consents have been obtained from such patients to grant access to their claims and other related information to CQUEST (EI-CBO).

Upon the termination of services provided by CQUEST (EI-CBO) to my practice, I understand it is my responsibility to notify Availity through the execution of the *Availity Business Associate Provider Access Termination Form*, which can be provided by the Business Associate currently performing transactions on my behalf or accessed online at www.availity.com.

Provider Name: _____

Title: _____

Signature: _____ Date: _____

PROVIDER TYPE: _____

Enter the Business Associate contact information below so that we may notify your Business Associate that they have access to conduct business on your behalf through the Availity® Gateway.

Business Associate Contact Name: _____ STEPHANIE KREMPASKY _____

Contact Phone: 1/800-634-8540 _____ Ext. _____

Contact Email: _____ insbillingunit@cquest.us _____

eCARE AUTHORIZATION LETTER

<Date>

To: eCare Enrollment

Re: Permission for CQuest to Access Information

CQuest has my permission to access enrollment information for insured clients enrolled with various insurance companies on my behalf, acting as my billing agent.

I have included all pertinent information regarding my enrollment status as a provider. If you have any questions, please contact me for clarification.

Provider Name:

Address:

Telephone:

Tax ID:

NPI #:

Insurance company provider numbers:

Thank you for your prompt attention to this matter.

Sincerely,

Provider Name

Note: Document must be completed on company or individual provider letter head and forwarded to the EI-CBO.

EI-CBO eCare Authorization Sample Letter 2/09

Navinet AUTHORIZATION LETTER

<Date>

To: Navinet enrollment

Re: Permission for CQuest to Access Information

CQuest has my permission to access enrollment information for insured clients enrolled with various insurance companies on my behalf, acting as my billing agent.

I have included all pertinent information regarding my enrollment status as a provider. If you have any questions, please contact me for clarification.

Provider Name:

Address:

Telephone:

Tax ID:

NPI #:

Insurance company provider numbers:

Thank you for your prompt attention to this matter.

Sincerely,

Provider Name

Note: Document must be completed on company or individual provider letter head and forwarded to the EI-CBO.

EI-CBO Navinet Authorization Sample Letter 2/09

**EARLY INTERVENTION CENTRAL BILLING OFFICE / INSURANCE BILLING UNIT
PARTICIPANT IDENTIFICATION FORM**

PLEASE NOTE: This form must be completed and approved by the CBO Insurance Billing Unit prior to any visits with the participant.

Note: Only one (1) child per form			
Provider Name:		Date:	
Provider Email Address:		Provider Telephone:	
Child's Name:			
Child's Full Address:			
Child's EI:		CFC Child Enrolled at:	
Child's DOB:		Child's Gender:	
Insurance Company Name:		Insurance Company Telephone Number	
Group:		Insurance ID:	Provider PIN:
Insured's Name:			
Insured's DOB:		Insured's Gender	Insured's Phone Number
<i>Provider Checklist of Required Information to Send to EICBO-Insurance Billing Unit:</i>			
Pre-Certification:		PCP Referral:	
<i>For CBO Use Only:</i>			
Date Approved:		CBO BV Restrictions (list):	
Date Denied:		Oclaims Check Date:	
Reason (if Denied):		Provider Follow Up:	
Provider Notification Date:			

