

West Virginia Birth to Three Practitioner Billing Manual



Effective 08/14/2009

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WV BIRTH TO THREE CENTRAL FINANCE OFFICE PRACTITIONER BILLING MANUAL

Section 1: Introduction WV Birth to Three

The West Virginia Department of Health and Human Resources is the lead agency responsible for assuring that needed early intervention services are available to all eligible infants and toddlers, birth to 36 months of age, and their families, under Part C of the Individuals with Disabilities Education Act (IDEA). This statewide system of early intervention services is provided through WV Birth to Three. Using a Central Finance Office (CFO) structure, WV Birth to Three gathers critical information for implementing and monitoring the system of early intervention services. An integrated child data system is the core component of the CFO. Regional Administrative Units (RAUs) use the child data system, known as System Point of Entry (SPOE) software, to enter data during the referral, eligibility, and Individualized Family Service Plan (IFSP) process. Data entered by the RAU generates authorizations through the CFO for needed evaluation, assessment or IFSP services.

Covansys

In 2003, WV Birth to Three formed a working partnership with Covansys for implementation of the integrated data system and operation of the Central Finance Office. The CFO coordinates practitioner enrollment and coordination of available funding sources. The SPOE software application enables the system to capture information related to child eligibility determination, IFSP services, and selection of qualified enrolled practitioners to provide authorized WV Birth to Three services. The CFO coordinates the use of a variety of funding sources to reimburse practitioners according to established reimbursement rates.

Practitioner Enrollment in the Central Finance Office

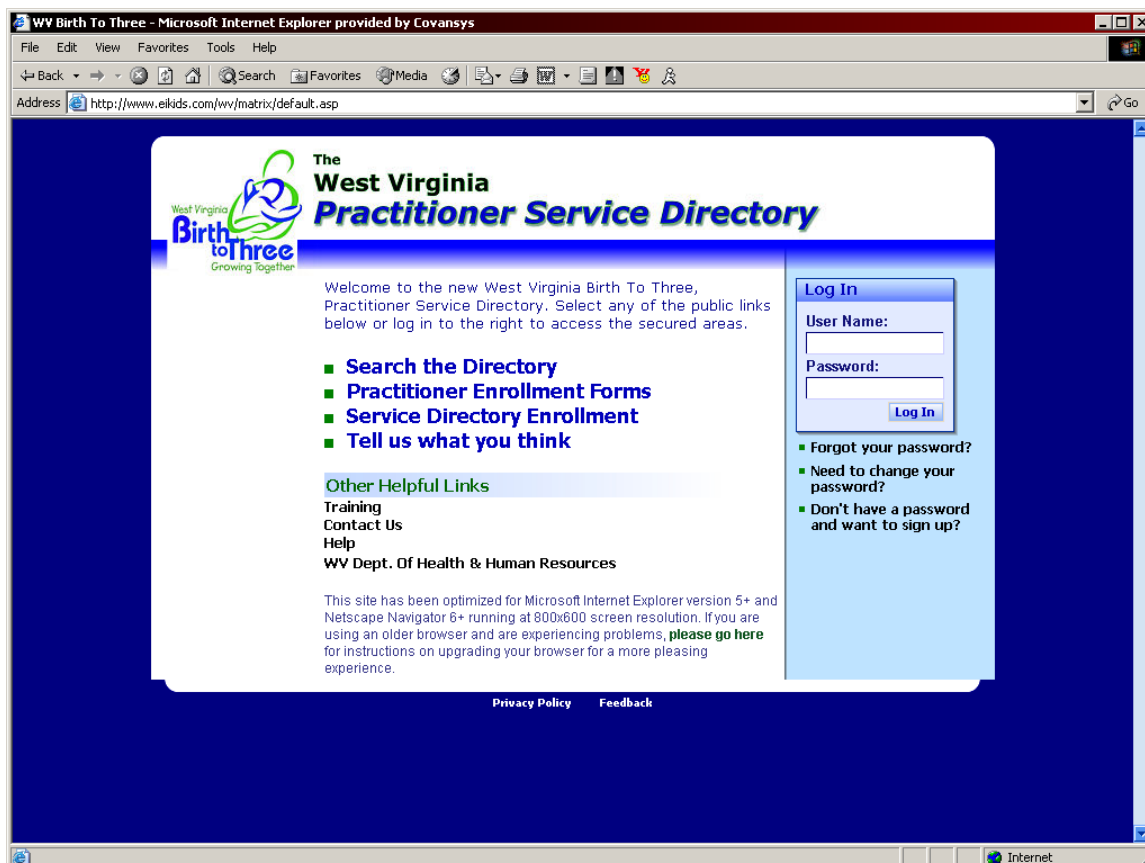
WV Birth to Three services are authorized for payment only to enrolled practitioners. Enrollment through the CFO assures that practitioners meet the personnel standards and credential requirements of WV Birth to Three. Practitioners must enroll through the CFO by completing and submitting all required enrollment forms for review and approval. The CFO will notify applicants of successful enrollment in the CFO.

Practitioners/payees that want to communicate electronically with the CFO must also complete the Certification Statement for Practitioners Submitting Claims and the Trading Partner Agreement. The TPA document outlines the practitioner choices on how they will communicate information with the CFO. Standardized file formats must be followed when sending or receiving communications electronically. These agreements are available on the website at <http://wv.eikids.com>. The confidentiality of all data and communications is protected in accordance with the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).

Web Access to CFO Forms

The Central Finance Office web page at <http://wv.eikids.com> provides access to forms utilized by the CFO. Forms can be downloaded from the website. The website also provides links to the WV Birth to Three home page with information on policies, service definitions, TA bulletins, and other resources.

Web Access to Practitioner Enrollment Forms



This page provides links to all of the documents and forms needed to enroll as a practitioner or to update practitioner information as a Birth to Three practitioner.

A practitioner may enroll through a Payee organization or independently as a Practitioner/Payee. All forms necessary for practitioner enrollment or enrollment updates are available for download at the CFO web page at <http://wv.eikids.com>. To access practitioner enrollment forms, select the link for Practitioner Enrollment as shown below.

Included in the enrollment forms for download in pdf format is the enrollment checklist that provides an overview of enrollment requirements. For information regarding practitioner enrollment, contact Covansys toll free at 1-866-639-2916 option 2 or by email at wvbtenroll@pdainc.com.

Submitting Claims for Authorized Services

All authorized WV Birth to Three services are reimbursed through the Central Finance Office. Practitioners/Payees bill directly to the CFO regardless of a child/family's eligibility for various fund sources. The CFO reimburses enrolled practitioners for authorized services delivered in accordance with WV Birth to Three policies and procedures. The CFO then seeks reimbursement from the appropriate fund sources, using a hierarchy including Medicaid, Title V, State Part C funds and Federal Part C funds as appropriate.

Practitioners/Payees may contact the Central Finance Office for billing questions at 1-866-639-2916, Monday through Friday, 8:00am to 5:00 pm Eastern Time.

Claim submissions should be mailed to:

CENTRAL FINANCE OFFICE
C/O Covansys
Po Box 2507
Greenwood, IN 46142

******IMPORTANT NOTE******

Practitioners must be enrolled prior to being authorized to deliver services.



WV Birth to Three Central Finance Enrollment
C/O Covansys
Post Office Box 29134
Shawnee Mission, Kansas 66201-9134

(Date)

Name of Payee Organization
Street Address/PO Box
City, State Zip

Re: (Practitioner Name) (Discipline Requested)

Dear Name (Payee Enrollment Contact):

The Central Finance Office has received an enrollment request for the above individual to be considered as a practitioner in the WV Birth to Three System. It has been determined that the documentation submitted does not meet the entry-level personnel standards as required for the discipline requested. A copy of the personnel standards may be found at <http://wv.eikids.com>.

If at any future time the individual's qualifications change, please contact the Central Finance Office. For questions you may call 1-866-639-2916.

Thank you for your interest in WV Birth to Three.

Sincerely,

WV Birth to Three Central Finance Office
Practitioner Enrollment



WV Birth to Three Central Finance Office
 Practitioner Enrollment
 C/O Covansys
 Post Office Box 29134
 Shawnee Mission, Kansas 66201-9134

Payee Contact
 Title
 Payee
 Address1
 Address2
 City, State Zip

RE:

Dear (Name):

The enrollment packet for the above practitioner has been received and the individual is approved for enrollment in the West Virginia Birth to Three System. The practitioner's name will be added to the RAU database for statewide use within 5-7 days. In order for the practitioner to be available for selection to provide WV Birth to Three services for an eligible child/family, the payee organization will need to enter practitioner information online on the WV Birth to Three Service Directory.

The aforementioned practitioner has been provisionally credentialed in the following discipline(s):
 (Discipline 1) (Discipline 2) (Discipline 3)

If the practitioner has applied for additional disciplines not cited above, it means that the documentation as submitted, did not meet discipline requirements as defined by West Virginia Birth to Three.

The provisional credential is valid for one year from enrollment date. The enrolled practitioner must complete credential requirements during the first year of enrollment in order to be eligible for continued enrollment.

It is important to keep the following information for Service Directory entries, enrollment updates and billing purposes.

Enrollment Date	Tax ID Number	Practitioner ID

Please follow the steps below to obtain the Username and Password needed to enter and maintain the online Service Directory information.

Step #1: Go to <http://wv.eikids.com>

Step #2: Click on the 'Practitioners' button located at the top of the screen. The select 'Service Directory Enrollment'

Step #3: The 'Enrollment Wizard' will appear. Click on the link for the type of Practitioner. Independent Practitioner

- Agency
- A Practitioner with an Agency

Step #4: Please enter the requested information in the six-step process.

- First Name
- Last Name
- Email Address
- Where Authorizations are Mailed
- Phone Number
- Tax ID Number

Step #5: Click 'Submit'.

The CFO will email the needed username and password within three days depending on the volume of requests submitted at that time.

Should this practitioner discontinue employment with your agency, it is important that the Central Finance Office is notified in writing immediately.

The WV Birth to Three System website, at www.wvdhhr.org/birth23, provides linkages to information regarding training, policy, state contacts, and technical assistance. If you have questions regarding practitioner enrollment, please contact the Central Finance Office at wveienroll@covansys.com or toll free at 1-866-639-2916, Option 2.

Welcome to the West Virginia Birth to Three System.



WV Birth to Three Central Finance Enrollment
C/O Covansys
Post Office Box 29134
Shawnee Mission, Kansas 66201-9134

Date

(Payee Contact)
(Title)
(Payee)
(Address 1)
(Address 2)
(City), (State) (zip code)

RE: (Practitioner Name)

Dear (Salutation):

The above practitioner has submitted an enrollment packet to become a West Virginia Birth to Three service practitioner in the following disciplines:

(Discipline)

We are unable to approve his/her enrollment because we are missing the required document(s) listed below:

- CFO Agreement
- W-9
- Certificate of Liability Insurance (minimum \$1,000,000 per event)
- Rider A
- Rider B
- License
- Diploma
- College Transcript
- Orientation Training Certificate
- Service Coordination Training Certificate
- Assurance Page
- Supervision Certification Form
- Parent Exception Form

Enrollment cannot be processed until these items are received. For further information or enrollment forms, you may visit the website, at <http://.wv.eikids.com>.

If the necessary forms have not been received or you have not contacted us within 30 days, your enrollment packet will be mailed back to you. If you wish to enroll after that time, you may resubmit your enrollment packet.

If you have questions or comments you can email us at <mailto:wvbttenroll@pdainc.com> or call us at 1-866-639-2916.

Section 2: Service Authorization

Authorized services reflect the commitment as established through the WV Birth to Three process for evaluation and assessment, or for provision of services necessary to achieve outcomes identified on the child/family Individual Family Service Plan (IFSP). Service authorizations identify the frequency/intensity of service and the time period that has been identified through related source documents.

Service Authorizations are initiated through the Regional Administrative Unit (RAU) based on receipt of related source document(s). The system relies on prompt receipt of source documents from interim or service coordinators. Source documents related to authorization of services include:

- Practitioner Confirmation Form
- Notice of Eligibility Determination
- An Individualized Family Service Plan or IFSP
- Service Authorization Request Form
- IFSP Review Page

Upon receipt of a source document the RAU promptly enters the information into the electronic system, which captures sufficient information to generate authorizations for WV BTT services. Daily, or when information warrants, the RAU connects electronically to the CFO and transfers this information triggering the CFO to print and mail an authorization to the enrolled service practitioner.

Once received by the CFO, service authorizations are printed and mailed daily and should be received by the service practitioner within 5 to 7 days. Authorizations are mailed to the site address identified on the Practitioner Enrollment Inquiry Form submitted as part of practitioner enrollment. Authorizations printed on any given day may be batched together and mailed to each site. Problems with missing authorizations could occur for any of the following reasons:

- Practitioner not updating CFO of address changes
- Internal mail routing problems within a practitioner organization
- Problems or delays in RAU transmissions of authorization data to the CFO

If you have not received expected authorizations within one week to 10 days, please check your organization's internal mail routing first, then please contact the Interim or Ongoing Service Coordinator or the RAU to begin the verification process.

For Electronic Authorizations please check the File Distribution System (FDS) website before calling the CFO. The FDS is the website where electronic files are posted for the CFO. It can be accessed from the Service Directory page after a successful login.

Authorizations are a reflection of the services identified on an Individualized Family Service Plan (IFSP). Authorizations will reflect the services specified on the IFSP including the dates

of service, frequency, intensity, location and duration. Authorization start dates will be consistent with the start date identified on the IFSP even if mailed/or processed after service has started.

Authorizations that are inconsistent with the IFSP should be discussed with the Service Coordinator immediately. The child's Service Coordinator is identified on the IFSP and the authorization. Practitioners should pay close attention to the end dates of the IFSP and authorization and should not extend services beyond the end dates if no new IFSP or authorization has been received. Services not authorized through the CFO are not reimbursable by WV Birth to Three.

Practitioners should refer to the WV BTT Service Definitions document for specific descriptions and requirements for billable activities under each WV Birth to Three Early Intervention Service. Services are authorized for the period of time that actual face-to-face services are to be provided to the eligible child and/or family, and do not include time spent in travel to or from the setting. WV Birth to Three has established a reimbursement policy that reflects a higher rate of reimbursement for services provided in the child's natural environment. WV Birth to Three reimbursements are paid on a face-to-face basis at rates that are calculated to include the total cost of delivering the face-to-face service including training, preparation, documentation and travel. The only exceptions to this requirement are identified in the WV Birth to Three Service Definition document.

When changes to frequency, intensity or location of services are made through the IFSP process, previous authorizations will be discontinued and a new authorization will be generated. Confirming copies of cancellation and discontinuation notices that are sent to practitioners should be kept for reference. Many practitioners use the authorization forms for billing. Please keep the original authorization and use copies of it for billing. Always verify that the authorization used for billing has not been cancelled or discontinued.

Notes: (1) WV Birth to Three reimburses only for services in the intensity, frequency and location as identified on the child/family source documents. Service authorizations do not allow for billing of services at a higher intensity or frequency than identified on the source documents used to develop the authorizations. The authorization process does however allow for realistic flexibility in the delivery of identified services. For example, if a child/family's IFSP calls for 1 hour two times per month of a physical therapist's time to provide training and support to a child/family in their home, this frequency (2xmonth) and intensity (60 minutes or 4 units) multiplied by the length of the IFSP (12 months) will provide the total number of units of service that can be billed under the authorization. This process allows for some flexibility from visit to visit (i.e. one visit of 45 minutes and one visit of 75 minutes), but will not allow additional units over the time span of the authorization.

Notes: (2) Families in the WV Birth to Three System will receive notices of services that have been authorized to be provided to their children. Families will also receive a monthly Explanation of Benefits that lists claims paid for authorized services.

Sample Authorization Forms are included on the pages that follow and include:

Error! Not a valid link.

Blank Forms

Service Authorization

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Service Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
Telephone No.	Primary Contact	Authorization Service Dates	
		to	

Include Address Here

Service Coordinator
Inquiries regarding service call: (866) 639-2916
Payment will be made to:

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

EI Procedure	Description	Frequency	CPT	Description
--------------	-------------	-----------	-----	-------------

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service

Authorization No.				
Date of Service	EI Procedure Code	CPT Code (Audiology only)	Line Charges	Intensity In Units
Payee Tax ID No.	Patient Account No.	Total Charges		

Submit bills to:
 Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No
 I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature Date

Transportation Authorization

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Transportation Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
Telephone No.	Primary Contact	Authorization	Service Dates
			to

Include Address here

Service Coordinator
For inquiries regarding service call:
(866) 639-2916
Payment will be made to:

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

EI Procedure	Description	Frequency

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service delivery.

Authorization No.				
Date of Service	Provider Visited	EI Code	Mileage One Way	Line Charges
(Each line represents a one way trip.)				
Payee Tax ID No.	Patient Account No.			Total Charges

Submit bills to:
 Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No
 I certify the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature

 Date

Assistive Technology

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Assistive Technology
 Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
Telephone No.	Primary Contact	Authorization Service Dates	
		to	

Include Address Here

Service Coordinator
For inquiries regarding service call: (866) 639-2916
Payment will be made to:

Authorization No.	Authorization Section					Billing Section		
	HCPCS Code	Type	Description	QTY	Unit Price	Date	QTY	Billed Amount
Payee Tax ID No.	Patient Account No.						Total Charges	

Submit bills

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No

I certify the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature

 Date

Completed Form Samples

Service Coordination

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Service Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
9400-00009	MALLORY STEVENS	01/01/2004	03/16/2004
Telephone No.	Primary Contact	Authorization Service Dates	
304-555-9292	MOTHER TEST	02/01/2004 to 01/31/2005	

SMITH & COMPANY
 TAMI CLAVELL
 1441 FRANCIS STEWART PKWY
 SUITE 103
 CHARLESTON, WV 25326

Service Coordinator:
Tami Clavell Phone Number not on file
Inquiries regarding service call:
(866) 639-2916
Payment will be made to:
Smith & Company 10-0000001

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

El Procedure	Description	Frequency	CPT	Description
55111	Service Coordination-Eval/Assessment (Community Setting)	0 minutes 1/Month		

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service

Authorization No.	A940000009-9				
Date of Service	El Procedure Code	CPT Code (Audiology only)	Line Charges	Intensity In Unit	
Payee Tax ID No.	Patient Account No.	Total Charges			
10-0000001					

Submit bills to:

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No

I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature

 Date

1 unit equals 15 minutes - within each unit, 8 minutes and above round up, and for 7 minutes and less round to 0.

Notification of Authorized Services

Central Finance Office
c/o Covansys
PO BOX 29134
Shawnee Mission, KS 66201-9134



Notification of Authorized Services

THIS IS NOT A BILL

Child ID	Child's Name	Authorization Service	Issue Date
9400-00026	SIMON EXAMPLETON	02/16/2004 to 12/31/2004	03/15/2004

FERRIS EXAMPLETON
123 MAIN ST
CHARLESTON, WV 25326

For inquires regarding service call: (866) 639-2916
Services to be provided by: Franklin Solvers & Associates 304-555-1323 1212 Mockingbird Lane Suite 323 Charleston, WV 25326

Arrangements have been completed for the above child to receive the services described below.

Authorization No: A940000026 - 12	
Physical Therapy-Eval/Assessment (Child Care Center)	60 minutes

THIS IS NOT A BILL

Authorization Service – Assistive Technology

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Assistive Technology
 Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
9400-00026	SIMON X EXAMPLETON	01/01/2004	03/16/2004
Telephone No.	Primary Contact	Authorization Service Dates	
304-555-1212	FERRIS EXAMPLETON	02/05/2004 to 12/31/2004	

CHILD FIRST
 SARAH CEREAL
 1212 MOCKINGBIRD LN
 SUITE 318
 CHARLESTON, WV 25326

Service Coordinator
Carrie Corinth Phone Number not on file
For inquiries regarding service call:
(866) 639-2916
Payment will be made to:
Child first 10-0000005

Authorization No.
A940000026-2

Authorization Section						Billing Section	
HCPCS Code	Type	Description	QTY	Unit Price	Date	QTY	Billed Amount
E0135	Purchase	Walker folding adjust/fixe	1				
Payee Tax ID No. Patient Account No.						Total Charges	
10-0000005							

Submit bills

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No

I certify the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature Date

Billing must be accompanied by invoice to document vendor cost - Reimbursement not to exceed cost plus 40%.

Discontinuation Notice

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Service Authorization/Billing Discontinuation Notice

Child ID No.	Child's Name	Birthdate	Issue Date
9400-00025	PHILLIP PEARSON	05/23/2003	03/16/2004
Telephone No.	Primary Contact	Authorization Service Dates	
304-992-0101	HAROLD PEARSON	02/01/2004 to 01/31/2005	

THE POWERS GROUP
 SARAH FRANKLIN
 12 HEART'S WAY
 SUITE 106
 CHARLESTON, WV 25326

Service Coordinator
Sarah Cereal Phone Number not on file
Inquiries regarding service call:
(866) 639-2916
Payment will be made to:
The Powers Group 10-0000002

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

EI Procedure	Description	Frequency	CPT	Description
91612	Interim Serv. Coord.(RAU)-Child Intake Services (Other setting/)	1/Per Auth		

This authorization has been discontinued as of 03/04/2004. You are not authorized to provide any services related to this authorization after this date. Any claims submitted under this authorization for services provided after this date will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local System Point of Entry for additional information.

Authorization No.
A940000025-1

Date of Service	EI Procedure Code	CPT Code (Audiology only)	Line Charges	Intensity In Units
Payee Tax ID No.	Patient Account No.	Total Charges		
10-0000002				

Submit bills to:
 Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No
 I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature Date

1 unit equals 15 minutes - within each unit,
 8 minutes and above round up,
 and for 7 minutes and less round to 0.

Cancellation Notice

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Notice Of Cancellation

Child ID No.	Child's Name	Birthdate	Issue Date
9400-00026	SIMON EXAMPLETON	01/01/2004	03/15/2004
Telephone No.	Primary Contact	Authorization	Service Dates
304-555-1212	FERRIS EXAMPLETON	02/16/2004	to 12/31/2004

JEANNIE VAN CLEAVE
 JEANNIE REDDING
 1122 MAIN
 CHARLESTON, WV 25326

For inquiries regarding service call:
(866) 639-2916

EI Procedure	Description	Frequency
45112	Physical Therapy - Eval/Assessment (Home)	150 Minutes
Authorization No. A940000026-4		
20112	Health-E. I. Teaming (Home/)	
Authorization No. A940000026-4		

This authorization has been canceled. You are not authorized to provide any services related to this authorization. Any claims submitted under this authorization will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local WV Birth to Three RAU for additional information.

Section 3: Billing Instructions

Enrolled practitioners submit claims to the Central Finance Office (CFO) for authorized services provided in accordance with WV Birth to Three policies and procedures. Claims for all services authorized through the Regional Administrative Unit (RAU) must be submitted to the Central Finance Office (CFO). The CFO will pay the claim, determine the appropriate funding source, and in turn seek reimbursement. The Central Finance Office (CFO) is the only practitioner "payer" for any service authorization generated for the WV Birth to Three System. **In accordance with CFO Payee Agreements, practitioners are not to bill Medicaid, private insurance, DHHR, families or any other source for WV Birth to Three services authorized through the RAU/CFO.**

CFO Standard Timelines/Deadlines

Claims Processing Turnaround:

Claims processing and reimbursement timelines are available on the <http://wv.eikids.com> web site. Please consult this internet location for claims processing timelines.

Claim Filing Deadline:

Claims must be submitted within 60 calendar days of the date of service.

Claim Resubmission Filing Deadline:

Previously submitted and rejected claims must be resubmitted within 180 days of the date of service.

Claim Resubmission (Incorrect Authorization) Filing Deadline:

Previously submitted and rejected claims can be resubmitted only after a corrected authorization is issued and must be resubmitted within 60 calendar days of the issue date of the corrected authorization.

Claim Overpayment Automated Refund Deadline:

In cases of overpayment, **practitioners will not routinely refund payments manually through submission of checks.** The adjustments will be entered on the system against individual claims and the system will deduct the amount of overpayment on subsequent claim(s) payments processed. In cases of underpayments, adjustments will be entered on the system against individual claims and the system will augment the amount of the underpayment on the next claim payments processed.

Claim Overpayment Manual Refund Deadline:

Only when automated claims adjustment/offset is not a viable alternative, the practitioner will be mailed two written notices (at 30 and 90 days from original overpayment date), to manually refund an overpayment discovered by CFO. All manual refunds must be made to CFO no later than 180 days from original overpayment date.

Automated Payment Adjustments/Offsets:

The CFO has a system of automated claims adjustments/offsets to address practitioners for overpayments and /or underpayments caused by various procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from practitioners.

Billing Options

Practitioners may bill using the Authorization form as the billing form. Electronic claims will be phased in and supported utilizing X12N 4010 standard format.

Practitioners may choose from 3 billing options:

- a) using the bottom of the authorization form as the billing form
- b) the HCFA 1500 – paper form
- c) X12N 4010 standard format

Bills must be received within 60 days of service delivery. Your timely billing to the Central Finance Office is essential to your reimbursement.

Option 1: Service Authorization/Billing Form

Choosing this billing option provides a reliable billing choice since most of the critical information to process a claim is preprinted on the form. This will prove to be a highly effective billing choice that results in minimal rejections. Completed samples are provided in this document.

Date of service should be in the mm/dd/yy format (04/01/04) and must be on or after April 1, 2004. The CFO cannot pay claims for services that occurred prior to April 1, 2004.

The EI procedure code must match WV Birth to Three service listed on the Service Authorization. The code will be either the WVBTT code, or a designated HCPCS code for assistive technology or potential CPT codes for authorized audiological evaluations.

Charges may not exceed the rates established by WV Birth to Three. Charges must reflect the total charges for each service encounter. For example, if the charge for a 15 minute unit of service is \$17.70 and 60 minutes (or 4 units) of service was provided, the billed charge should be 4 units, totaling no more than \$70.80.

Billing in Units

Services billed by time must be billed for the period of time that actual face-to-face services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. WV Birth to Three service reimbursement is paid on a face-to-face basis at rates that are calculated to include the total cost of delivering the face-to-face service including training, preparation, documentation and travel. The only exceptions to this requirement are identified in the WV Birth to Three Service Definition document.

Intensity refers to the number of units provided. The West Virginia Birth to Three System requires that services be billed on a unit basis. A unit is a measure of time – for most authorizations each unit will be composed of 15 minutes. Services are recorded for the child's educational record using the WV Birth to Three Intervention, Service Coordination or Teaming Activity notes, including the actual minutes of face-to-face service. However, for billing/claims purposes the service must be billed in units. Minutes of service are rounded by the following rule to identify the appropriate number of units for billing: 8 minutes and up round to 1 unit and 7 minutes or less round down to zero. For example, 35 minutes of service would be rounded to 2 units.

The Patient account number is an optional field and is used at the practitioner's discretion. If included, this information will be returned on the Explanation of Practitioner Payment for ease in linking back to your accounts receivable system or practice management system.

Total charges should reflect the sum of line items on the claim. If the two do not match, the individual line items will take precedence.

Original Signature: A practitioner's or authorized payee representative's original signature must be included.

Date of Claim: The date must be after the latest date entered in the billing section of the claim.

Mail completed claims to:

CENTRAL FINANCE OFFICE
C/O Covansys
Po Box 2507
Greenwood, IN 46142
866-639-2916

Sample Bill #2: Service

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Service Authorization/Billing

Child ID No.	Child's Name	Birthdate	Issue Date
9400-00010	ANTHONY HEPPLER	02/02/2002	03/16/2004
Telephone No.	Primary Contact	Authorization Service Dates	
304-565-7788	JOAN HEPPLER	02/07/2004 to 12/31/2004	

FRANKLIN SOLVERS & ASSOCIATES
 DONETA DAISY
 1212 Mockingbird Lane
 Suite 323
 Charleston, WV 25326

Service Coordinator
Johnathan Cockeran Phone Number not on file
Inquiries regarding service call:
(866) 639-2916
Payment will be made to:
Franklin Solvers & Associates 10-0000003

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

EI Procedure	Description	Frequency	CPT	Description
65312	Special Instruction (Home)	60 Minutes 1x/Week		

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service

Authorization No.				
A940000010-1				
Date of Service	EI Procedure Code	CPT Code (Audiology only)	Line Charges	Intensity In Units
02/15/2004	65312		55.00	4
Payee Tax ID No.	Patient Account No.	Total Charges		
10-0000003		55.00		

Submit bills to:

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134

Is this a resubmission of a claim? Yes No
 I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

 Practitioner/Authorized Payee Signature Date

1 unit equals 15 minutes - within each unit,
 8 minutes and above round up,
 and for 7 minutes and less round to 0.

Option 2: HCFA 1500

<u>Field.Number</u>	<u>Narrative Description</u>
1a	Insured's I.D. Number: This field should include the client ID # from the authorization received. While not a required field this information may be helpful particularly if other items do not match.
2	Patient's Name: Please use the child's name from the authorization document.
3	Patient's Birth Date/Sex: Enter the patient's birth date in a MM/DD/YY format, and enter an "X" or check mark in the appropriate sex block

Items 4 through 16 are either Not Applicable for Birth to Three program or Not Required.

- 19 Please add the practitioner's name.
- 23 Prior Authorization Number - THIS FIELD MUST BE USED FOR THE CFO AUTHORIZATION NUMBER. This must be included.
- 24a The field Date(s) of Service should be in the mm/dd/yy format (04/01/04).
- 24b Place of service code must be listed. Use 11 for office/provider site and 10 for home/community setting.
- 24c Type of service: Not applicable
- 24d CPT/HCPCS Code is either the EI Procedure Code, CPT code or HCPCS listed in the authorization. If multiple codes are related to the BIRTH TO THREE Code listed on the Authorization, a practitioner can select the code that describes the service performed. The total number of unit authorized cannot be exceeded in any combination of services performed.
- 24e Optional for EI
- 24f Charges may not exceed the rates established by WV Birth to Three. Charges must reflect the total charges for each service encounter. For example, if the charge for a 15-minute unit of service is \$17.70 and 60 minutes (or 4 units) of service was provided, the billed charge should be \$70.80. Bill the actual time delivered in units.
- 24g Days or Units must be referenced in units not in minutes. This is the most common problem on HCFA 1500 claim submissions and is the primary cause for payment delays or rejections.
- 25 Federal Tax I.D. Number - Is a required field and reflects the taxpayer ID of the payee.

- 26 Patient Account Number is an optional field and is used at the practitioner's discretion.
- 28 Total Charges: should reflect the sum of line items on the claim. If the two do not match the individual line items will take precedence.
- 29 Amount Paid: Less insurance or other applicable credits should be used when applicable.
- 30 Balance Due: Charges should be the result of subtracting "less amount paid" from "total charges". Required field.
- 31 A practitioner's or authorized payee representative's signature must be included.
- DATE: Enter the date the claim was filed. Required. The date must be after the latest date entered in the billing section of the claim.
- 32 Name and Address of Facility where Services were rendered: While this field is optional, the information may be important for follow-up activity.
- 33 Practitioner's Supplier's Billing Name, Address, Zip Code & Phone. Required.

Mail completed claims to:

Central Finance Office
c/o Covansys
Po Box 2507
Greenwood, IN 46142

HCFA 1500 is on the next page (page 29).

Sample HCFA Form

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Squirrel, Rocket, J

3. PATIENT'S BIRTH DATE
MM DD YY
03 01 02 M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)
1313 Mocking Bird Lane

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY: Charleston STATE: WV

8. PATIENT STATUS
Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS)
YES NO
b. AUTO ACCIDENT? PLACE (State)
YES NO
c. OTHER ACCIDENT?
YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: _____ DATE: _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: _____

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
990012345

4. INSURED'S ADDRESS (No., Street)

CITY: _____ STATE: _____

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY M F

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO If yes, return to and complete item 9 a-d.

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? \$ CHARGES
YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

1. 315.90 3. _____

2. _____ 4. _____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	A. DATE(S) OF SERVICE			B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS CODE	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDI Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
	From MM DD YY	To MM DD YY	YY											
1	10	17	03	10	17	03	99 M	60210	57	80	4			
2	10	19	03	10	19	03	99 M	35816	135	75	4			
3	10	23	03	10	23	03	99 M	75314	145	55	4			
4	10	26	03	10	26	03	99 M	55216	175	25	4			
5														
6														

24. FEDERAL TAX I.D. NUMBER SSN EIN
98-7854321

25. PATIENT'S ACCOUNT NO.
RJSJ-11-3583

26. ACCEPT ASSIGNMENT? (For govt. claims, see back)
YES NO

27. TOTAL CHARGE \$ 514 35

28. AMOUNT PAID \$

29. BALANCE DUE \$

30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED: _____ DATE: _____

31. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
General Hospital
123 Anywhere Street
Charleston, WV 25325
PIN# _____ GRP# _____

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/85)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0006 FORM CMS-1500 (12-90) FORM RRB-1500.
APPROVED OMB-1215-0055 FORM OWCP-1500. APPROVED OMB-0720-0001 (CHAMPUS)

Document Dated – April 1, 2004 Release # 1.00

Page # 29

Option 3. Electronic Billing & Claims Certification Statement

The *Certification Statement for Practitioners Submitting Claims* is to be used by practitioners/payee organizations with large batches of claims. It documents that the practitioner/payee organization certifies the accuracy of claims information submitted in batches whether paper or electronic.

If this signed and completed form is placed on file with the Central Finance Office, the practitioner or authorized official within a payee organization no longer has to sign each individual paper claim.

Note: All practitioners/payee organizations intending to bill electronically are required to submit a signed, completed *Certification Statement for Practitioners Submitting Claims*.

Instructions:

1. Fill in the practitioner/payee organization name.
2. Fill in the name of the practitioner or the official within the organization who has the authority to sign on behalf of the individual practitioner.
3. Fill in the title of the above individual.
4. Sign and date the signature.
5. Complete the Tax ID number of the practitioner/payee organization.
6. Place an "X" in the appropriate box to indicate if the certification form is being filed to cover batch submissions of paper and/or electronic claims.
7. If being filed to submit electronic claims please fill in the name and phone number of the contact person responsible for the submission of electronic claims.

Submit this signed and completed certification form to:

Central Finance Office
c/o Covansys
PO Box 29134
Shawnee Mission, KS 66201-9134
866-639-2916

Details regarding submitting claims electronically are found in the Companion Guide that is located on <http://wv.eikids.com>. To activate the electronic billing option please read the Companion Guide, complete and mail the Trading Partner Agreement and the certification statement. After receipt of this information, contact the CFO about testing transmissions.

CERTIFICATION STATEMENT FOR PRACTITIONERS SUBMITTING CLAIMS

This is to certify that any and all information contained on any WV BTT billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission, shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information contained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (I. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary or service bureau that submits billings to the Department of Health and Human Resources (DHHR) or its Fiscal Agent Contractor is acting as my representative and not that of WV BTT or it's Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of WV BTT Central Finance Office claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The payee will hold harmless and indemnify WV BTT from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of WV BTT Central Finance Office billings by the payee through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of WV BTT.

I further acknowledge that submitting claims by means other than standard paper does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Payee Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records and records retention.

I understand that WV BTT or its designees are prepared to provide necessary technical assistance to assist new payees, or to correct technical problems which existing payees may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the payee in whose name the claim is submitted and WV BTT or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- identification of data element requirements
- identification of record layouts and other electronic specifications
- identification of systematic problem areas and recommended solutions

I agree to notify either WV BTT or its Fiscal Agent Contractor of any changes in my payee name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by or its Fiscal Agent Contractor.

I certify that I am in compliance with the Central Finance Office Service Practitioner Agreement and Riders.

Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the WV BTT Policy on Central Finance Office Payee Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at WV BTT's option.

THE UNDERSIGNED HAVING READ THIS CERTIFICATION STATEMENT AND UNDERSTANDING IT IN ITS ENTIRETY DOES HEREBY AGREE TO ALL OF THE STIPULATIONS, CONDITIONS AND TERMS STATED HEREIN.

Practitioner/Payee Organization Name

Practitioner/Authorized Official

Title

Practitioner/Authorized Official Signature Date

Practitioner/Payee Organization Tax ID

Place an "X" in the appropriate box below:

- This certification is being filed to cover the submission of unsigned batches of paper claims.
 This certification is being filed to cover the submission of electronic claims.

Name: Electronic claims contact: _____ Phone _____
No: _____

Trading Partner Agreement General Information

The *Covansys* Trading Partner Agreement (TPA) establishes a formal relationship that allows *Covansys* and its trading partners to exchange electronic transactions. The TPA outlines the roles and responsibilities that bind both *Covansys* and its trading partner, to ensure secure electronic transmissions.

Any WV BTT practitioner that is a direct sender of batch electronic transmissions to *Covansys* must complete the *Covansys* Trading Partner Agreement. Trading partners must also complete the Certification Statement for Practitioners Submitting Claims by Means Other than Standard Paper form as part of this agreement. Copies of the Certification Statement for Practitioners Submitting Claims by Means Other than Standard Paper forms and instructions for their completion are found in the West Virginia WV BTT Practitioner Billing Manual.

After *Covansys* receives an original copy of the TPA, contact will be made with information about testing transmissions.

Covansys requires the execution of its own TPA with all entities that are sending us direct transmissions. The *Covansys* Trading Partner Agreement is comprehensive and should address any issues or legal concerns of our trading partners.

Covansys will accept up to 5000 claims per 837 batch file. The creation of this limitation to avert circumstances where file size management may become an issue.

Covansys has determined the Electronic Transmitter Identification Number (ETIN) to be the WV BTT Practitioner number that was established at the time of credentialing.

Birth to Three Practitioners may send to *Covansys* the following files/transactions:

Transaction Set Number	Document Name/Description	Version Release
837	Health Care Claim: Professional	4010
276	Health Care Claim Status Request	4010

Covansys is prepared to send the following files/transactions to Birth to Three Practitioners:

Transaction Set Number	Document Name/Description	Version Release
835	Health Care Claim Payment/Advice	4010
277	Health Care Claim Status Response	4010
278	Health Care Services Review Response	4010

The following files/transactions will not be used at this time:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Dental
- 834 Benefit Enrollment and Maintenance
- 820 Premium Payment for Insurance Products
- 278 Health Care Services Review Request
- 270 Health Care Eligibility Inquiry
- 271 Health Care Eligibility Response

Practitioners will see the following table in the Trading Partner Agreement. This allows a Birth to Three Practitioner to choose the transaction they will send electronically.

Transaction Set Number	Document Name/Description	Version Release	Method (Paper/electronic)
837	Health Care Claim: Professional	4010	
276	Health Care Claim Status Request	4010	

Practitioners will see the following table in the Trading Partner Agreement. This allows a Birth to Three Practitioner to choose the transaction they will receive electronically.

Transaction Set Number	Document Name/Description	Version Release	Method (Paper/electronic)
835	Health Care Claim Payment/Advice	4010	
277	Health Care Claim Status Response	4010	
278	Health Care Services Review Response	4010	

Explanation of Practitioner Payment

The CFO generates an Explanation of Payment (EOP) detailing the information on the claims submitted and processed. The EOP includes the claim number assigned to a particular claim processed as well as amounts paid or not covered. When claims are rejected in part or in full the EOP will include a rejection code for the practitioner information in taking corrective action. Please see an example of an EOP on the last page of this section.

The standard 835, remittance advice, is also available for the practitioners who elect to communicate electronically.

Claim Rejection/Denial Reasons

1. Authorization number not provided	14. Offset for previously paid claim
2. Charges exceed program allowance	15. No intensity provided in units
3. Duplicate Charge	16. No procedure code provided
4. Not authorized on dates indicated	17. No charges provided
5. Child not eligible for program	18. Practitioner no longer actively enrolled
6. Authorization has been canceled	19. Practitioner not on authorization
7. Practitioner number not given	20. Refund for over billing
8. Claim form not signed	22. Practitioner insurance refund
9. Service dates more than 60 days old	23. Practitioner Medicaid refund
10. Freeform comments	24. DOB on claim not same as DOB on file
11. Procedure code given not authorized	25. No response to duplicate request
12. Authorized procedure limit exceeded	26. Over resubmission filing limit
13. Practitioner not properly credentialed	99. Tracking of services (used by system)

Resubmission of Rejected/Denied Claims

Resubmission of a previously denied claim must be marked as a '**Resubmission**'. If the claim was denied and a correction is required on the authorization please contact the Service Coordinator. Corrections to authorizations require verification with the Individualized Family Service Plan. Required billing corrections may be done by the practitioner and marked as such on the resubmitted form.

Claims Corrections

Corrections to previously submitted and paid claims should be marked as '**Correction**' when submitted to the Central Finance Office.

Billing Examples

Example # 1- Not enough service billed:

Practitioner bills and receives payment for services that represent 4 units when **actual services for that day were 6 units**. Practitioner submits an additional claim, marked as "correction" on the face of the claim form, for the incremental 2 units of service. In addition,

please place an X in the “yes” block indicating this is a resubmission of a claim, and make a note on the face of the claim form indicating this is for additional minutes.

Example # 2- Too much service billed:

Practitioner bills and receives payment for services that represent 4 units when **actual services for that day were 2 units**. Practitioner submits an additional claim, marked as “correction” on the face of the claim form for the reduction of 2 units of service. The reduction should be noted with a minus sign or in brackets for both the time and the charges. In addition, please place an X in the yes block indicating this is a resubmission of a claim. Make a note on the face of the claim form indicating the minutes billed and this needs to be set up as an overpayment.

Automated Payment Adjustments/Offsets:

CFO has implemented a system of automated claims adjustments/offsets to address practitioner overpayments/underpayments caused by various improper/erroneous billing procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from practitioners.

In cases of overpayment **practitioners will not refund payments manually through submission of checks.** The adjustments will be entered on the system against individual claims and the system will deduct the amount of overpayment on subsequent claim(s) payments processed. In cases of underpayments adjustments will be entered on the system against individual claims and the system will augment the amount of the underpayment on the next claim payments processed.

Manual Overpayment Refund:

Only when automated claims adjustment/offset is not a viable alternative the practitioner will be mailed two written notices (at 30 and 90 days from original overpayment date) to refund an overpayment discovered by CFO. All manual refunds must be made to CFO no later than 180 days from original overpayment date.

When submitting manual claims corrections for overpayment please make the refund check out to:

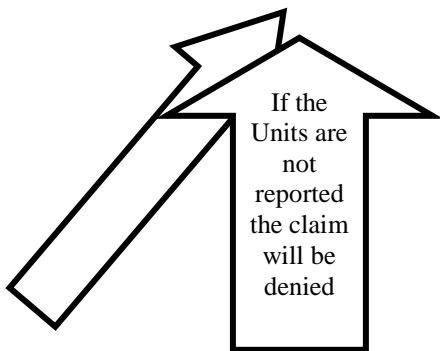
Central Finance Office
c/o Covansys

and mail to:

Central Finance Office
c/o Covansys
PO Box 29134
Shawnee Mission, KS 66201-9134

EXPLANATION OF PRACTITIONER PAYMENT (EOP) EXAMPLE

Central Finance Office c/o Covansys PO BOX 29134 Shawnee Mission, KS 66201-9134	
Payee	SMITH & COMPANY 12 WHARTON RD SUITE 101 CHARLESTON, WV



Central Finance Office
c/o Covansys
PO BOX 29134
Shawnee Mission, KS 66201-9134



Explanation of Practitioner Payment

Payee SMITH & COMPANY
12 WILARTON RD
SUITE 101
CHARLESTON, WV 25326

Date: 03/03/2004
Payment Reference #: 601
Statement Date: 03/03/2004
Amount: \$100.00

Grand Totals:	
Previous Balance:	\$0.00
Practitioner Claims:	\$0.00
Payee Transactions:	\$0.00
Check Amount:	\$100.00

Explanation of Benefits

Central Finance Office
 c/o Covansys
 PO BOX 29134
 Shawnee Mission, KS 66201-9134



Explanation of Benefits

Child ID No.	Child's Name	Dates
9400-00009	MALLORY STEVENS	02/01/2004 To 02/29/2004
Primary Contact		
	Skyler Stevens	

This is NOT a Bill

Skyler Stevens
 123 Conner Lane
 Charleston, WV 25326

For inquiries regarding information please call: (866) 639-2916

Claim No. Practitioner Name Service Category	Service Dates	Units Billed	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
Claim: 040225-3-1 Practitioner: Tami Clavell						
Family Train./Coun./Home	02/01/2004		100.00	0.00	91.03	8.97
		1	\$100.00	\$0.00	\$91.03	\$8.97
Claim: 040225-3-6 Practitioner: Doneta Daisy						
Audiology	02/01/2004		100.00	0.00	10.00	90.00
		4	\$100.00	\$0.00	\$10.00	\$90.00
Claim: 040226-3-2 Practitioner: Tami Clavell						
Family Train./Coun./Home	02/21/2004		100.00	0.00	29.20	70.80
		4	\$100.00	\$0.00	\$29.20	\$70.80
Benefit Totals:			\$300.00	\$0.00	\$130.23	\$169.77

This area can be used to send messages to parents.

"One unit equals fifteen minutes of service"

Section 4: Calculation of Encumbered Units

This document is provided to assist practitioners with the management of services delivered and billed.

It is the responsibility of practitioners to monitor the utilization of services they have been authorized to deliver and it is essential that they receive information on the process by which the total units on an authorization are calculated.

The majority of authorization types are addressed by the information below. However, in the case of Assistive Technology, authorizations are based on fixed dollar amounts for specific items.

Background

The CFO Claims system determines the maximum usage of many types of authorization based on a calculated number of units authorized. For example, an authorization for a service to be rendered 3 times for 1 hour each time would have a total “units authorized” of 12 units (4 15-minute units x 3 visits).

Once all units authorized have been paid, claims are denied with reason code 12, “authorized limit exceeded.” The total number of units authorized and the number of units paid to date is available to practitioners who call the CFO in order to determine how many more units are available for payment for a particular authorization.

The SPOE software has enormous flexibility in the specification of an authorization’s number of units. An authorization can be written for x units, y times per z time period, from a start date to an end date. This flexibility adds a great deal of complexity when calculating the maximum number of units intended to be authorized.

Most of the calculation is fairly simple. Some differences in total units authorized result from a variance of plus or minus a week or month and is relatively minor. In some cases, the difference can be quite large, particularly when the authorization is written on a per-month, per-quarter or per-year basis.

Examples:

4 units, 8 times per month from 3/10/01 to 5/25/01 totals
- 96 units, if the date range is rounded to 3 months
- 64 units, if the date range is rounded to 2 months
- 48 units, if the date range is prorated to 1.5 months

2 units, 52 times per year from 2/1/00 to 1/12/01 totals
- 104 units, if rounded to 1 year
- 208 units, if rounded to 2 years
- 99 units, if prorated to 0.95 years

Solution

An algorithm for converting a specified date range into a number of weeks, months or years was implemented. An effort was made to keep the algorithm as simple as possible, because the number of units authorized must be calculated each time a claim is edited to determine whether it can be paid.

In order to address the above requirements and considerations the following algorithm has been implemented in the claims system:

Two intermediate values are coded.

U = the number of units authorized per single time period. In example A, above, U = 32 (4 units x 8 times per single month). In example b, U = 104 (2 units x 52 times per single year). In finding U, the start and end dates of the authorization and the exact time period specified are ignored. For any authorization, U is an integer that is easily determined.

T = the number of time periods falling between the authorization start date and end date. It is not rounded, and it is determined as follows:

If start date = end date or the time period is "per auth," then T = 1.

Else T = the number of days between start date and end date, inclusive, divided by 1, 7, 30, 90, or 365, for authorizations per day, per week, per month, per quarter and per year, respectively.

Total Units Authorized = U x T. The number of units per time period multiplied by the number of periods between the start date and end date gives the final answer. When any remainder exists, the number of units is always rounded up to the next whole number. For instance, 14.01 units should be paid up to 15 units.

This algorithm effectively prorates the units authorized according to the number of days in the authorization's date range, giving the third answer in the previous examples.

In Summary:

The last section above describes the calculation, which simply put is this:

$U \times T$

where U = the number of units per time period (per auth, per week, per year,...) and T = the number of time periods during the auth, based on the number of days from start date to end date, divided by 7, 30, 90, or 365 to determine weeks, months, quarters, or years, as appropriate.

If the result of U x T is not an integer (0 to the right of the decimal), the value is always bumped up to the next whole unit.

The following are examples:

A. 45 minutes 2 times **per week**, from April 1 to May 31

$U = 6$ (3 units x 2 times per)

$T = 8.7142857...$ (61 days / 7 days per week)

$U \times T = 52.2857 ...$

Units Authorized = 53

B. 60 minutes 2 times **per month**, from February 1 to May 31 $U = 8$ (4 units x 2 times per)

$T = 4.0$ (120 days / 30 days per month)

$U \times T = 32.0$

Units Authorized = 32

C. 30 minutes 5 times **per auth**, from January 1 to December 31 $U = 10$ (2 units x 5 times per)

$T = 1.0$ (time period is per auth)

$U \times T = 10.0$

Units Authorized = 10

D. 90 minutes 1 time **per quarter**, from January 1 to January 31 $U = 6$ (6 units x 1 time per)

$T = 0.34444...$ (31 days / 90 days per quarter)

$U \times T = 2.06666...$

Units Authorized = 3

In order to calculate how many units you have for a given authorization, you can find an Encumbered Units Calculator at this link <http://wv.eikids.com/> and click "Help". The required information for the Encumbered Units Calculator may be found by information obtained from the authorization. The calculator will display the total number of units for that given authorization.