Maine Child Information Network Connection (CINC)

External Billing Manual

Revised 03/14/2017

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**Insurance contact information**

**Aetna Inc.**  
Claims

P.O. Box 981106   
El Paso, TX 79998

<http://www.aetna.com/healthcare-professionals>

Claims and Eligibility

<https://navinet.navimedix.com>  
  
Indemnity and PPO-based benefits plans: 1-888-MD Aetna (632-3862)   
  
HMO benefits plans   
1-800-624-0756

**Anthem Blue Cross**

Provider Services (800) 832-6011

<http://www.anthem.com>

Claims and Eligibility

<https://www.availity.com>

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Provider Correspondence mailing address  Anthem Blue Cross and Blue Shield P.O. Box 430 North Haven, CT 06473  Claims mailing address  Anthem Blue Cross and Blue Shield P.O. Box 533 North Haven, CT 06473  Federal Employee Program (FEP) claims and correspondence mailing address  Anthem Blue Cross and Blue Shield  P.O. Box 105557  Atlanta, GA 30348-5557 | | | |

**iii.** **CIGNA**

Health Care Professionals Medical (800) 882-4462

Claims

P.O. Box 182223  
Chattanooga, TN 37422-7223

**MaineCare Maine Integrated Health Management Solution (MIHMS)**

Mainecare.maine.gov

(866) 690-5585

**TriCare (Military) North Region**

[www.mytricare.com/mtc/](file:///C:\Users\Clarissa.Labbe\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1N45M2NO\www.mytricare.com\mtc\)

Mailing & phone contacts

Claims  
PGBA, LLC

PO Box 870140

Surfside Beach, SC  29587-9740

1-877-TRICARE (1-877-874-2273)  
Hours of operation are Monday- Friday

7:00 a.m. to 7:00 p.m. EST

**Harvard Pilgrim**

<https://www.harvardpilgrim.org>

Main #: 1-888-888-4742

Provider Service Center: 1-888-708-4414

Harvard Pilgrim Health Care  
1 Market St., 3rd Floor,

Portland, Maine 04101

Claims

P.O. Box 699183  
Quincy, MA 02269-9183

***FOR ASSISTANCE WITH DIFFICULT CLAIMS***

***PLEASE CONTACT***

Maine Bureau of Insurance

Consumer Health Care Division

1-800-300-5000

(207) 624-8475

Fax: (207) 624-8599

E-mail: [Insurance.pfr@maine.gov](mailto:Insurance.pfr@maine.gov)

Mailing Address: 34 State House Station

Augusta, ME 04333-0034

**b.** **Information Exchanges**

Placed in the appropriate/optimum order of events:

**INFORMATION EXCHANGES**

**I. Evaluation Service Exchange**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **CDS Form** | | **Responsible Party(ies)** |
| 1. Child is identified as needing evaluation    1. Signed releases are obtained.    2. Referral is made for evaluation to service provider.    3. Referral accepted by service provider **within 3 business days**.    4. All available insurance and demographic information that are in the CDS site’s possession are forwarded with the referral to service provider.    5. Providers and sites will share any insurance information they possess. Missing information does not absolve the provider from making every attempt to bill insurance companies. If insurance information cannot be obtained, the provider will contact the CDS Service Coordinator/Case manager for further billing instructions. | Consent for Evaluation Parent Letter  Referral for Evaluation  Third Party Payment Parental Consent  Authorization to Request and/or Share Information and Records | | Service Coordinator/Case manager |
| 1. Contact PCP to obtain insurance or MaineCare referral and a prescription for service.   Information to have ready for PCP office:  Child name  Child date of birth  Child’s insurance company  Reason for referral | Prescription Request (sent to PCP) | | Service Provider/Parent |
| 3. **Within 5 business days** from receipt of referral, insurance is contacted to determine eligibility of funding. |  | | Service Provider |
| 4. **Within 5 business days** from receipt of referral the family is contacted and the evaluation is scheduled. |  | | Service Provider |
| 1. Evaluation is completed, report written and entered into CINC for Service Coordinator/Case Manager review and acceptance within **15 business days from date of evaluation.** |  | Service Provider | |
| 1. Evaluation report received by parents **three days before team meeting.** |  | Service Coordinator/Case Manager | |
| 1. Team Meeting is held to determine eligibility for services. | . | All appropriate team members | |
| If the child is identified as needing services see Section II: Service Information Exchange. | | | |

**II. Service Information Exchange**

|  |  |  |
| --- | --- | --- |
| **Action** | **CDS Form** | **Responsible Party(ies)** |
| 1. a. Signed Releases are obtained and IFSP/IEP sent to provider.      b. Referral is made to provider for services.      c. All available insurance and demographic information that is in the CDS site’s possession are forwarded with the referral to service provider | Authorization to Request and/or Share Information and Records  IEP  Referral for Special Education and Related Services Part B  IFSP  Referral for Early Intervention Services Part C  Third Party Payment Parental Consent | Service Coordinator/Case Manager |
| 2. Contact with PCP occurs to obtain insurance referral for services and a prescription. Information to have ready for the PCP’s office:  Child’s name  Child’s date of birth  Child’s insurance company  Reason for the referral  Evaluation forwarded to PCP with ICD-10 diagnosis  Duration, frequency and intensity of services  Indicate the date the service is to commence  Ask PCP office if specific form is required from the PCP by insurance company.  Prescription Request (sent to PCP) | Prescription Request (sent to PCP) | Service Provider/Parent |

|  |  |  |
| --- | --- | --- |
| **Action** | **CDS Form** | **Responsible Party(ies)** |
| 3. Insurance is contacted **within 5 business days** to determine eligibility of funding. (*Written confirmation of approval should be requested from insurance)*  Information to have ready for insurance provider:  a. Member enrollee number  b. Plan number  c. Certificate number  d. Benefit riders  e. Reason for referral  f. Primary care physician name  g. Diagnosis with ICD-10 Codes  h. CPT codes for services  i. Location of services (i.e., some insurances will only pay for home services from a home health agency) |  | Service Provider/Parent |
| 4. If insurance **approves** coverage of services, information is obtained  a. How many visits are approved?  b. Provider is responsible for getting approval for subsequent visits.  c. What is the time frame for use of the approved visits?  d. Are there specific limitations of the policy?  i. Is there a deductible? (If so, CDS pays the deductible.)  ii. Is there a co-pay? (If so, CDS pays the co-pay only if the received insurance rate is lower than the CDS contracted rate. In that case, CDS will pay the difference between the contracted rate and the insurance rate.) |  | Service Provider |
| 5. If insurance **does not approve** coverage of services  a. Request a written denial from the insurance company.  b. If the child has MaineCare a copy of an EOB is forwarded with completed billing form with dates of service to MaineCare  c. If child does not have MaineCare follow instructions provided in EOB section. |  | Service Provider |

**c.** **Standards of Participation**

1. All contracted service providers are encouraged to enroll with third party insurance companies, MaineCare and private insurance.
2. Payment source is listed on the Referral for Services. Providers cannot bill third party insurances unless listed on the Referral for Services. If parent decides to allow third party insurance billing it must be communicated to the Service Coordinator/Case Manager.
3. When appropriate, all attempts will be made to access third party dollars to fund services for children. Upon first acceptable denial, the payer source will become CDS or MaineCare as appropriate.
4. Service Coordinator/Case Manager, whenever possible, will provide service providers with complete and accurate information regarding all third party payers that cover that child using the Financial Resources Form. (*When possible, photocopying the front and back of the insurance card is suggested.*)
5. All attempts will be made to obtain prior authorization by the service provider. If services commences before the authorization is obtained, CDS will become the guarantor for payment of services until such time that authorization can be obtained. If within 90 days, the authorization cannot be obtained see number IV.
6. All service providers that are accessing third party funding must directly bill third parties for those services and cannot request that CDS bill that third party for them.

1. Providers can only bill for services authorized.
2. Progress Reporting: The provider agrees to provide the CDS Case Manager with written progress reports in accordance with the child’s IFSP/IEP. Progress reports shall specifically describe, in appropriate detail, the child’s progress toward the outcomes or goals in the child’s IFSP/ IEP. All progress reporting will be based on the following timelines which for children with disabilities ages 3-5, quarterly progress reports will be based on the CDS School Calendar. Payment may be withheld if not received.

Reporting progress on IFSP outcomes is based on each infant or toddlers’ specific IFSP date. The reporting periods are quarterly based on the date on the front page of the IFSP. The due date for reporting progress to the IFSP Service Coordinator/Case manager is 15 calendar days after the end of the quarter.

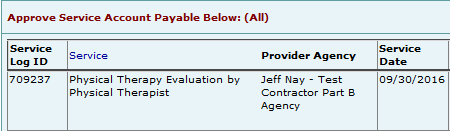
|  |  |  |  |
| --- | --- | --- | --- |
| Reporting Period | September 2 – December 1 | December 2 – March 2 | March 3 – June 8 (or end of school year) |
| Date Due | December 15 | March 15 | June 23 |

Part B (ages 3-5)

1. If the Provider has billed CDS for services or evaluations for a child who is subsequently determined to be eligible for MaineCare, and if CDS notifies the Provider that the Parent has authorized access to MaineCare for the services provided pursuant to this Agreement, then the Provider agrees to bill MaineCare retroactively for the maximum allowable period for any such services or evaluations, to the extent permitted by MaineCare. If any reimbursement is received from MaineCare as a result of the retroactive billing, then the amount of the reimbursement must be refunded to CDS within 30 days.
2. Section 28 Providers – CDS will pay for services provided by a Section 28 provider while the provider applies for prior authorization. CDS will pay for one month.

2. Service Log screen

The billing process is initiated with the submission of a service log. A service log can be entered by the service provider or an agency administrator on behalf of the provider. Only the user who has created the service log can create a correction/addendum for it, though. Upon submission of the service log a billing event is created on the **Account Payable** screen. It is important to realize that the billing event and the service log contain similar information. Note the **Service Log ID** on the AP screen:



It is the SAME ID listed on the **Service Log** screen:



**a. Fields**

**Correction/Addendum field**

The Correction/Addendum field can be exceedingly useful to make note of small errors in a service log. However, the information entered in this field has no bearing on any of the other information submitted in the service log. For instance, if you entered the incorrect amount of mileage, a correction/addendum will not change the system from processing what was saved in the Mileage field.

**Mileage Field**

Mileage may only be entered into CINC on the service log screen. If mileage is omitted from a service log then there will be no mileage payment associated with that service. There is no way to edit the mileage field after the log has been saved.

If you or one of your service providers has omitted mileage on a service log and another service log is going to be submitted in the future, ensure the following steps are taken:

1. The service provider/agency admin adds the previous mileage to the current mileage and enter that total in the Mileage field.
2. The service provider/agency admin indicates in the Service Note field that the mileage billed for is a total from multiple logs. The service log ID from the previous service log(s) should be included.
3. The agency administrator indicates in the Note field on the Account Payable screen that mileage from multiple logs was added to that log.

If no other service logs are required please bill the mileage on paper. Your invoice should include the child’s CINC ID and the service log ID that the mileage was intended for. Mail to CDS, Attn: Bettie Fuller, 146 State House Station, Augusta, ME 04333 or fax (207) 624-6837. You should also remember to create a correction/addendum on that particular service log indicating that you are billing the mileage on paper.

1. **Payors**

The **service log** screen also contains some important information about pay source. This information will be displayed at the top of the **Service Log** screen.

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The payors will always be listed in the order they are authorized. In this case, Private Insurance has been authorized as payor one and CDS has been authorized as payor two.

If the payors listed are incorrect do not submit a service log! These errors can be resolved much quicker if no service logs have been entered. Please refer to Section 3 for guidance on how to resolve payor issues.

1. **Service Log Entry**

**Evaluation Service Logs**

Service logs for evaluations will only be processed by the CDS finance team if an evaluation report has been entered into CINC. If the evaluation report has not been entered, the claim will remain in the pending phase indefinitely. For each evaluation you enter, be sure to enter correct dates, evaluators, instruments, and scores. Click “Submit” and enter date original was signed. Click save.

If you are encountering problems submitting an evaluation into CINC you should contact CINC support at [CINCsupportCDS.DOE@maine.gov](mailto:CINCsupportCDS.DOE@maine.gov) or call at (207)215-6728.

**Expired Authorizations**

All authorizations created by a Case Manager or Service Coordinator have a distinct beginning and end date. This means that based on the dates of an authorization a child record can be in a provider’s active caseload or their inactive caseload.

Active Case Load – Current authorizations. These are the children that appear on the service provider’s home screen in the drop down menu. These children will also count towards the total that the agency administrator(s) see on their screen.

Inactive Case Load – These are the children that were once authorized to a service provider/agency but the authorization has since expired. These child records are only accessible through the **Search Child** button on the home screen.

You may still submit a service log and billed amount for a child that is in your inactive caseload but your time to do so is limited. A provider/agency is allowed up to 60 days past the **End Authorization Date** to submit any further service logs. For example, if an authorization expired on 12/01/2016, the service provider/agency would have until 01/30/2017 to submit a service log. After this 60 day window the provider/agency loses all access to the record. Case Managers and Service Coordinators are not permitted to adjust the date ranges of current authorizations to accommodate late service log entry as this would create inaccuracies on the IEP/IFSP.

In rare circumstances a state administrator can submit service logs for expired authorizations on behalf of the agency. For more information please contact [CINCsupportCDS.DOE@maine.gov](mailto:CINCsupportCDS.DOE@maine.gov).

**Incorrect Service Logs**

If you or a service provider submits a service log with incorrect information you can opt to have the service log deleted. In the case of a service log entered on an incorrect child record you will always need to have the service log removed. In the event of either scenarios contact the CINC helpdesk at [CINCsupportCDS.DOE@maine.gov](mailto:CINCsupportCDS.DOE@maine.gov) or call at (207)215-6728.

**Substitute Service Log Entry**

The solution to service log entry by a substitute is dependent on the length of the substitution.

If the regular provider is going to be out for a maximum of 10 days you can follow the guidance given in our Q&A: “The best practice would be to have the provider who normally does the service review the daily note to ensure its accuracy before entering it into CINC.”

If the regular provider is going to be out for more than 10 days then the agency has two options:

Option #1 – The agency administrator will submit the service logs. The service note will indicate that a substitute provided the service. This note should also include the substitute’s name.

Option #2 – The agency can request that the long term sub be given access to the CINC record. This request should go to the Case Manager or Service Coordinator. They will authorize the substitute for a limited amount of time.

3. Account Payable

Once the service log has been created a billed amount can be entered on the **Account Payable** screen. There are two ways to access this screen:

* If you are already viewing a child record you can click on the **Account Payable** button at the top of your screen.
* From your home page you can click on **Services Logged Awaiting Payment**. This will load a screen where you are able to search for a specific child record. If you leave these fields blank and click the search button you will receive a list of all child records that have a service log entered with no billed amount submitted.

Only agency administrators are permitted to view this page. If you cannot access the **Account Payable** screen or you can’t see the **Services Logged Awaiting Payment** button then you have not been designated as an agency administrator. Contact CINC support at [CINCsupportCDS.DOE@maine.gov](mailto:CINCsupportCDS.DOE@maine.gov) for assistance.

**a. In CINC**

1. **Auto processing**

Your claim will be auto processed if the following conditions are met –

1. The billed amount is less than or equal to the **MAX CDS PMT** and
2. The service has been designated by CDS to auto approve.

In general, evaluations and observations are the only services that will not auto approve. The finance team is tasked with ensuring that these have been entered into CINC by the service provider. If no evaluation/observation has been entered no payment will be made.

If you enter an amount into the **Billed Amount** field and click **Save** and you notice that the claim has not moved to the **Account Payable History** section then it has not been auto processed. A member of the CDS finance team will need to review the claim. In general, you can expect a claim to be processed within 1-2 business days.

1. **Group Authorizations**

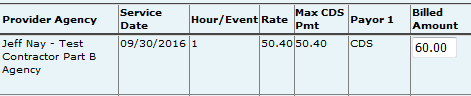
In some cases a service may be authorized with group intensity. There may be scenarios where a group is unavailable and billing at the individual rate is necessary. This scenario does not require a new service log, nor does it require the Service Coordinator/Case manager to create a new authorization. If you encounter this situation ensure the following steps are taken:

1. The service provider/agency admin indicates in the **Service Note** or **Correction/Addendum** fields that no group was available.
2. The agency administrator enters a total based on the individual rate into the **Billed Amount** field.
3. The agency administrator indicates in the **Note** field on the **Account Payable** screen that a group was not available.

The claim will be reviewed by CDS and barring a serious error you can expect the claim to be processed without issue.

1. **Rates and Max Payments**

The amount you enter into the **billed amount** is dependent on what your contracted rate with CDS is. Do not be concerned if your total is greater than the **Max CDS PMT** column or if your rate does not equal that listed in the **Rate** column.

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The **Max CDS PMT** and **Rate** columns are designed to display the CDS standard rate. CINC will not prevent you from entering more or less than the max.

1. **Show All Pending Account Payable/ Show All Account Payable**

CINC is designed to automatically show service logs/billing events with service dates within the last 60 days. Anything beyond 60 days of the date of service is hidden. This applies to service logs/billing events in both the pending section and history section.

1. **Out of CINC**

**EOB**

CDS is always the payor of last resort for a claim. EOBs for claims to all prior payment sources must be provided when submitting a claim to CDS for service funds. The Service Coordinator/Case Manager authorizes the payor sources for each service in order from first payor to last on the child’s **Planned Service/Authorization** Screen.  This becomes a part of the Plan documentation.

Contracting agencies must submit a claim to each payor source in the order shown on the authorization. MaineCare requires that any payment made to the provider be accepted as payment in full and no claim may be submitted to CDS for balance payment. If a payment is received from a private insurer that is lower than the contractor payment rate, the insurance EOB must be submitted with any claim to CDS for balance payment.

Submit a paper copy of the EOB with inclusion of CINC Child ID and Service Log ID – mail to CDS, Attn: Bettie Fuller, 146 State House Station, Augusta, ME 04333 or fax (207) 624-6837

**Other Items to Bill on Paper**

Currently there is a small list of services that should be billed on paper. These include:

* Travel time
* ECETA (LRE)
* Administrative time for block contracts

4. Pay Source Issues

Pay source issues are a frustrating issue for all parties involved but learning how to easily spot an error and quickly resolve it is essential to consistent and timely billing. Please refer to the **Service Log** section for more information on identifying pay source errors.

1. Determine if any service logs have been submitted under the incorrect authorization. You can do this by scanning the **Account Payable** screen for the service. This screen will display the payor 1 in the **Payor 1** column.

If service logs/billing events have been processed and are in the **Service Account Payment History** section:

1. Record the **Service Log ID** of every incorrect log.
2. Contact the Service Coordinator/Case manager and ask them to update the incorrect authorization. The incorrect service log IDs should also be sent to the Service Coordinator/Case Manager.
3. The Service Coordinator/Case Manager will update the authorization and send the service log IDs to CINC support.
4. The CDS finance team will process the incorrect service logs and send notification if and when adjustments have been made.

If service logs have been submitted but no **Billed Amount** has been entered yet:

1. Record the **Service Log ID** of every incorrect service log.
2. Enter **$0** into the **Billed Amount** field for each log.
3. Contact the Service Coordinator/Case Manager and ask them to update the incorrect authorization. The incorrect service log IDs should also be sent to the Service Coordinator/Case Manager.
4. The Service Coordinator/Case Manager will update the authorization and send the service log IDs to CINC support.
5. The CDS finance team will process the incorrect service logs and send notification when and if adjustments have been made.

If no service logs have been entered:

1. Contact the Service Coordinator/Case Manager and ask them to update the incorrect authorization.
2. Do not submit any service logs for that authorization until the Service Coordinator/Case Manager has indicated the update is complete.

**In any one of these scenarios you should never enter another service log to recoup payment. This will reflect an inaccurate number of services received.**

5. Transportation Providers

Transportation agencies interact with the CINC system in a similar manner to all other agencies with a couple of key differences.

**CDS Pay vs. MainCare Pay**

Case managers and service coordinators are required to authorize transportation services with CDS pay and MaineCare pay in two different ways. If CDS is paying for the service, the agency can be authorized directly. If MaineCare is paying, the transportation service must be authorized through a MaineCare broker.

If you find that you have an authorization with the incorrect pay source you should follow the “Pay Source Issues” guidelines that are detailed in this document. If a case manager or service coordinator cannot resolve an authorization issue please contact the CINC help desk at [CINCsupportCDS.DOE@maine.gov](mailto:CINCsupportCDS.DOE@maine.gov) or call (207) 215-6728.

**Trip Calculation**

CINC is setup to recognize one service log entry as a one way trip. With that said there are two ways for a transportation agency to enter service logs.

**One way trips –** The provider will enter two service logs for a round trip. CINC will calculate a pickup fee for each service log and add that to the mileage total. If your agency has a standard rate, and the trip did not incur any extra fees, such as tolls, then the claims will process automatically. Under the right circumstances one way trip service logs can be a quicker means of billing. Remember, the service note should always include the destination.

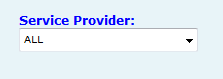
**Round trips** – The provider will enter one service log for a round trip. CINC will only calculate one pickup fee. When the agency administrator bills they will need to calculate both of the pickup fees and total mileage. These logs will be reviewed by the CDS finance team as the total billed amount will always be greater than CINC calculated total.

**User Setup**

Every transportation agency is setup with a generic CINC account. This account is the “user/service provider” that all case managers or service coordinators will authorize. This means that the agency administrator(s) will have to submit service logs on behalf of this generic user account.

To enter a service log for transportation services, follow these steps:

1. Access your CINC home screen.
2. In the upper right hand corner of the screen you should see:



Click into this drop down menu and select the generic user. Usually this account will be setup with the agency name for easy identification.

1. You will then be able to select the child using the **Total Active Case Load** drop down menu in the center of the screen.
2. Submit service log.

Remember to always try using the **Search Child** feature on your home screen if you are unable to find a child’s name in the drop down menu.

6. Reports

**Agency Invoice Report**

The agency invoice report allows you to get a detailed list of claims that have been approved by CDS. This feature is only available to users that are agency administrators and it is found on the home screen. This report will show the child name, child ID, corresponding service log IDs, and the amount paid for that service. Additionally, you have the option to export this report to Microsoft Excel or Microsoft Word for further data manipulation.

Before the report is run you will be required to input a date range. These date ranges should follow the same ranges of the billing cycle which can be found in your contract.

This report should be used in conjunction with the check remittance you receive from CDS.

**Agency Service Log Report**

The agency service log report will generate a list of all service log information entered within a specific date range. This includes agency, provider, service name, child ID/name, date/time of service, payors, etc.

This report can be exported to Microsoft Excel for data manipulation as well. It can be easily sorted to display service logs entered by a specific service provider, as well as by child name/ID.