

# The CIS-EI System of Payments Provider Reference Guide

First and foremost, all providers must refer to the published billing information provided by the Department for Vermont Health Access available at: [Vermont Medicaid Portal \(vtmedicaid.com\)](https://www.vtmedicaid.com)

The General Forms and Billing Manual is a great resource to get you started understanding forms, timelines, and other standard Medicaid billing requirements: [Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com)

## 1. CIS-EI Documentation Every Provider Needs To Begin Providing Services:

In order to be reimbursed for the provision of services, you must have received the following from the child's CIS Service Coordinator:

- i. **Children's Integrated Services Permission to Bill Private and Public Insurance** form completed and signed by the family
  - ii. **Current CIS One Plan Service Grid** with the family's consent to receive services (Note: for your records and reference you should also have a copy of all Outcomes for which you are responsible to support through your services)
  - iii. **EI Request for Financial Assistance Form** (if applicable for the family)
- Note: If you are not getting these documents for each client you service through CIS-EI, you should reach out to the child's CIS-EI Service Coordinator and request them.

## 2. Begin by determining the following proper insurance to bill:

a. Family/Guardian authorizes private insurance to be billed:

- i. Bill private insurance 1<sup>st</sup>.
- ii. If Private insurance denies the full charge, seek a PA from CIS-EI, then bill through the Gainwell PES system. Note: you will need to submit your claim through Gainwell accompanied by the RA/EOB from private insurance as proof of the denial.
- iii. If Private insurance pays in part, but it isn't the full amount Medicaid would pay, see #4 below.
  - a. You can find out the Medicaid reimbursement amount for this code at: <http://www.vtmedicaid.com/#/feeSchedule> or by contacting your Medicaid provider representative. Medicaid and Part C as the payor of last resort will reimburse the difference between what insurance covered/denied only up to this amount.
- iv. If there is a patient share (co-pay or deductible) and the family has completed a EI Request for Financial Assistance Form, you can invoice the State (see #2 below).

b. Family/Guardian denies access to private insurance:

- i. If the client has Medicaid as a secondary insurance, see "c" below.
- ii. The State must receive a copy of the insurance form denying access to the client's insurance. We will use this to enter a note into the Medicaid system for any PA's received allowing the provider to be paid using Part C monies as the payor of last resort.
- iii. Submit a PA for services as needed: direct therapies that require prior authorization (PA), Meetings (as needed), and travel. Be sure to attach all required documentation (see #5 below for information on submitting PA's)
- iv. Once you receive the Notice of Decision (informing you the PA was entered), submit your claim through the Gainwell PES system.

c. Client only has Medicaid:

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- i. Bill for your services through the Gainwell PES system.
  - ii. If Medicaid denies, or you know it is not a service Medicaid will cover (ex. Travel and meetings), submit a PA (following the guidance in #5 below).
  - iii. Once you receive the Notice of Decision (informing you the PA was entered), submit your claim through the Gainwell PES system.
3. **Part C CIS-EI may also cover Invoices submitted to the CIS State Team for client co-pays and deductibles when a parent requests it** (see 1.iii above):
  - a. Invoices must be sent securely, with all required attachments, to CIS at the State via GlobalScapes (contact [AHS.dfcddcisei@vermont.gov](mailto:AHS.dfcddcisei@vermont.gov) if you need a GlobalScapes account)
  - b. Invoices (note: a CMS 1500 form can be used in lieu of an invoice) must include:
    - i. Provider name
    - ii. Provider business name (if different from Provider's name)
    - iii. Date of invoice
    - iv. Invoice number (for future reference)
    - v. Name of Client(s) served
    - vi. Date(s) of service
    - vii. Charges for each date
  - c. Invoices must be accompanied by:
    - i. the RA/EOB from the insurance provider;
    - ii. the most recent service grid covering the dates of services listed on the invoice.
  - d. Invoice amounts must equal (or be less than) the amounts on the RA/EOB for the client co-pay/deductibles.
  - e. If the invoice is for a dollar amount greater than what the RA/EOB lists for the client co-pay/deductibles, the state will deny the invoice, notify you as such, and shred it. In this case, you will need to submit a new invoice with the correct amount.
  - f. If this is your first time submitting an invoice to the State CIS Team, you must also submit a W-9 along with your invoice so we can set you up as a vendor in our system and remit payment to you.
4. **Costs above the amount private insurance will cover:**
  - a. If the client has Medicaid as a secondary insurance, and the private insurance rate paid out is lower than the rate Medicaid would pay, you can submit a claim, accompanied by the RA/EOB, through the Gainwell PES system for the difference between what private insurance covers and what Medicaid would cover.
  - b. If the client doesn't have Medicaid as a secondary insurance, first submit a PA through CIS-EI for the service (see 5 below), then
  - c. Submit a claim through the Gainwell PES system for the difference between what private insurance covers and what Medicaid would cover. This charge will be covered by Part C CIS-EI as the payor of last resort.
  - **Note:** Part C CIS-EI will not pay amounts above the Medicaid rate for a service.
5. **Prior Authorizations (available on the CIS Website at <https://dcf.vermont.gov/cdd/partners/cis/forms> , third option under the 'Early Intervention Forms' section):**
  - a. Prior Authorizations (PA) must be submitted through GlobalScapes (Vermont's secure document transfer system). If you need a GlobalScapes account, contact: [AHS.dfcddcisei@vermont.gov](mailto:AHS.dfcddcisei@vermont.gov).
  - b. All PA's must be accompanied by a Service Grid that aligns with the service, service date(s), and service frequency/month. Also:

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- i. in the case of an oral motor request, include the Dr's prescription/diagnosis,
  - ii. in the case of autism/suspected autism, include the date and any documentation related to the autism.
- c. PA's must be accurate and complete. If they are not accurate (ie. do not match services listed on the Service Grid) or are not complete (ie. missing required accompanying documents), they will be denied. You will be notified of this denial via email from [AHS.dfcddcisei@vermont.gov](mailto:AHS.dfcddcisei@vermont.gov).
  - d. Once you submit your PA request, it will be processed within 10 business days. You will receive a Notice of Decision from the Medicaid system once the PA is authorized. At that point, you can begin billing against that PA.
  - e. PA's for services provided more than six (6) months in the past may be denied. CIS follows Medicaid rules for timely filing of claims.
  - f. If you notice an error in your PA, email [AHS.dfcddcisei@vermont.gov](mailto:AHS.dfcddcisei@vermont.gov) right away and we will work to resolve the issue.
  - g. If you have a PA and a claim is denied, contact your Medicaid provider representative (see below) to find out the reason for denial. Provider Map to identify your Medicaid Provider Representative for Vermont can be found here: <http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf>
- **Note:** If you receive a denial for a speech code, submit a PA for this code and we will authorize it if it is on the child's service grid.

### Tips:

1. If the child has an underlying medical condition that is the root of the reason they need services, put that diagnosis in the 1<sup>st</sup> position as your diagnosis when billing Medicaid or Part C as the Payor of Last Resort. Then put diagnosis(es) associated with your work in subsequent positions.
2. Pay attention to your Medicaid EOB's. When you see a service is being paid outside of the ACO, consider submitting a PA through CIS (if your service requires a PA), in order to have that in place once the Medicaid coverage is exhausted.
3. If you don't see a child in the Medicaid system or you do see them, but don't see an FI Voucher in place for them and they are a CIS-EI client, then that means either:
  - a) the State hasn't yet received the required data from the CIS Service Coordinator, or
  - b) there was a data mismatch between what the CIS Service Coordinator submitted to the State and the child's data in Medicaid (ex. name spelling, SSN, or DOB). Data mismatches can take a while to resolve.Please reach out to the child's CIS Service Coordinator to ensure all information has been given to the State.
4. Be sure to always submit the most recent service grid signed off on by the family with your PA in order to expedite the State's ability to process your request.