



Billing and Timely Payment for Tennessee Early Intervention System

Prior to Providing Any Services

Review the child's Individualized Family Service Plan (IFSP) prior to each service to ensure:

- service is listed on the IFSP,
- service is rendered in accordance with the child's IFSP, and
- vendor is in-network with the insurances listed for the service.

When a child arrives for a service:

- verify with the family any changes in insurance (termed/loss of insurance, new insurance or changes/additional coverages, TEIS sole payor, etc.). This is important as vendors see Tennessee's Early Intervention System (TEIS) children and their families more often (weekly) than the child's service coordinator (monthly).

Prior to Requesting Reimbursement

- Create a service log in the Statewide Data System for each date of service being submitted for reimbursement.

Note: Do not enter any information on the accounts payable screen.

The TEIS Billing team will enter payment information based on

documentation submitted for payment processing. Contact the TEIS point of entry office with any data entry questions (e.g., how to enter a service log).

- Ensure all third-party reimbursement has been received, if applicable, and details/notes of the explanation of benefits (EOB) are included. TEIS must receive benefit from any contractual adjustments or reimbursement schedule agreements between the service provider and the third-party carrier.



- For vendors providing OT, PT, or Speech with TEIS as Sole Payor or Board Certified Behavior Analyst services, Board Certified Assistant Behavior Analyst services, or Registered Behavior Tech services generally auto-pay in the Statewide Data System and do not require vendors to send in a billing memorandum. Check the IFSP prior to entering a service log to ensure that TEIS is listed as the only payor source, otherwise the service will not auto-bill. If TEIS is not listed as the only payor source, contact the district administrator and/or the child's service coordinator to correct. Note: Service logs that are entered in the-Statewide Data System in excess of 60 days past the date of service will be disapproved for payment in accordance with the timely filing per your vendor contract. All TEIS Sole Payor services are processed as a batch on the 1st of the month for previous months payments. These payments are hidden from "show all Pending Accounts Payable" and automatically processed into "show all Pending Accounts Payable" on the 1st of the month.

- **Interpreters only:** All interpretation services will be billed on the REQUEST FOR ADVANCE FOR REIMBURSEMENT – INVOICE (INTERPRETING SERVICES) form. Contact a member of the TEIS Billing team for the most current interpreting services template and instructions.

The Submission Process

Required documents:

1. CMS1500 or UB-04 or Billing memorandum (word or excel format).
2. Appropriate EOBs for dates of service seeking reimbursement.
3. Explanation of why claims are being submitted late if past timely filing (60 days from date of service if no EOBs are required; 120 days from date of service if EOB is required.)

Do not send billing to TEIS that is incomplete and cannot be processed to attempt to meet the timely filing. This billing will not be accepted and does not affect timely filing.



Process:

- Complete CMS1500 or UB-04 or Billing memorandum (word or excel format).
- Obtain a legible copy of the explanation of benefits (EOB) ensuring all remittance codes are explained in full for each date of service.
 - Vendors are strongly encouraged to file insurance for the services believed to be non-covered. Insurance companies sometimes pay for services originally thought to be non-covered.
 - When seeking TEIS reimbursements for children whose insurance carrier has deemed a service non-covered, a letter from the insurance company or an EOB indicating non-coverage will be accepted. The letter/EOB should be dated in the calendar year for which reimbursement is being sought. For example, July 2015 charges would need to have a non-coverage letter/EOB dated during 2015 and referencing 2015 services if applicable.
 - A new letter/EOB will need to be obtained for services rendered in a new calendar year. The vendor will need to submit an insurance claim form to the carrier for services in the new calendar year and obtain a denial EOB or obtain a new letter. This will ensure that if the policy benefits are changed, the vendor will be reimbursed by the appropriate source.
 - Insurance claims must continue to be filed and EOBs submitted for all dates of service after receiving notification of **maximum benefits** provided.
- Highlight or mark the EOB to indicate the name(s) of the child(ren) and the dates of service for which reimbursement is being sought.
 - Providers should feel comfortable in “blacking out” the names of non-TEIS patients appearing on the EOB’s; however, the EOB should be submitted in its entirety and not appear to be a “cut and paste” version.
 - Do not send in EOB “batches” or EOB pages that do not have TEIS child specific reimbursable services. This delays our ability



Vendor Checklist

to process your billing submissions in a timely and efficient manner.

- Complete the explanation of why claims are being submitted late if past timely filing (60 days from date of service if no EOBs are required; 120 days from date of service if EOB is required.)
- Email all claims to: DDA.TEIS.Invoices@tn.gov

Payment Process

1. The TEIS Billing team will verify the service log in the Statewide Data System, review EOBs, make appropriate payment determination, approve and/or disapprove payments, and prepare an invoice report for the month's approvals.
2. The invoice report will be entered into EDISON to begin the payment process. An email notification, including the invoice report, will be sent to the vendor. The email notification will be sent to the email address appearing on the billing memorandum or the point of contact indicated in The Statewide Data System. It is the vendor's responsibility to notify TEIS Billing team of any changes.
3. Payments may occur up to 30 days after the date of receipt of the invoice from the TEIS Billing team. The state's end-of-year close process (i.e., June through July) may delay payments, please plan accordingly.
4. An explanation of disallowed charges will appear on the invoice report.
5. Notification of agency invoicing deficiencies will be sent to the email address appearing on the billing memorandum or contact information provided in the Statewide Data System. **Please keep this information updated regularly.**
6. Resubmission of claims to the TEIS Billing team should occur as soon as possible within the timely submission guidelines and should include a copy of the email received from the TEIS Billing team. Resubmissions and appropriate EOBs should be sent separately from regular billing to ensure that it does not hold up current billing that is in process.



7. Exception to the timely submission guidelines may be made if a detailed letter of explanation is provided explaining the reason for the delay and/or a copy of the notification email is included with the resubmission. Refer to the current vendor contract for timely submission guidelines.

Important Notes

- TEIS will pay for one family no-show per child, per month, per service.
 - If a vendor is seeing a child for speech services only, TEIS will only pay for one no-show per month.
 - If a vendor is seeing a child for speech and another service such as Occupational Therapy, TEIS will pay for one no-show per each service per month.
 - Billing from the vendor for a no-show service is not required, as it is an auto-pay if the service is listed on IFSP and service logs are documented appropriately.
 - If a vendor has a child that is a no-show twice for the same service in one month, notify TEIS designated staff for discussion with the family.
- An agency-generated billing memorandum can be used and must contain at minimum the information found on the sample billing memorandum.
 - Submit a sample of your agency's generated invoice to ensure it meets requirements before using.
- The "Billing Memorandum" is NOT an invoice, therefore, dollar amounts due to the vendor do not have to appear on this document. It is simply a coversheet summarizing the child(ren), types of service, and dates of service appearing on the attached EOB's.
- It is not necessary to submit a separate billing memorandum for each child.
- Submissions may occur at whatever interval the vendor chooses (e.g., monthly, weekly, daily, etc.).



Vendor Checklist

- In accordance with the vendor contract, vendors should **bill at least monthly**. This allows for more regular reimbursements and timely error corrections, if necessary.
 - Refer to the current vendor contract for timely submission guidelines.
- TEIS has a long-standing procedure that any date of service that is submitted for payment consideration outside of timely filing should be submitted with a detailed letter/email explaining circumstances. At a minimum, this detailed letter/email must include: date the claim was initially billed to insurance, issues, and follow-up with insurance prior to their payment or denial.
Vendors should submit these types of claim situations separate from regular billing.
- TEIS can pay co-pays, deductibles, and home/community incentive rates, up to the stated maximum liability for IFSP authorized services for children having TennCare, CoverKids, and TriCare. The rate schedule for services can be found at:
<https://tn.gov/disability-and-aging/disability-aging-programs/teis/teis-community-resources.html>.
- TEIS must receive benefit from any contractual adjustments or reimbursement schedule agreements between the service provider and the third-party carrier.
- The \$10 admin payment will be automatically approved to pay out after 120 days if the child has insurance and no billing memorandum or EOBs are sent to DDA.TEIS.Invoices@tn.gov (this could happen if private insurance pays more than the TEIS max liability). If a billing memorandum and EOBs are sent in to DDA.TEIS.Invoices@TN.gov the \$10 payment will pay out during the month billing staff approves the services (same as any other TEIS service). For TEIS sole payors, the \$10 admin payment will be added automatically to the current invoice each month.
- The maximum liability rate is based on a one hour duration and services less than 1 hour, will be prorated accordingly.



- Vendors should follow the setting, frequency and intensity listed on the planned service page for all services. For documentation of the service, TEIS follows the Medicare guideline of the “8 Minute Rule” for therapies. A 1-hour service will consist of 52 minutes of direct service with 8 minutes for write-up time. A 30-minute service would then be 26 minutes of direct service and 4 minutes for write-up time.