

## Providers and CFCs Questions and Answers for July 2010

**Q:** *What is the policy for receiving a refund?*

**A:** Refunds are given for fee accounts when the family has paid more in fees than the EI program has paid. Each fee account will be reconciled 9 months after the end date of the IFSP listed on the fee bill. During the reconciliation process any credit balances would be refunded to the family.

**Note:** A refund can be issued prior to the policy guideline of 9 months. The parent would request from each rendering provider a letter that clearly states they have completed all billing for the EI participant. Completed billing means they have received EOBs for all dates of service billed to Early Intervention and/ or insurance company and there will be no further billing or corrections submitted.

If there is any chance that more claims need to be processed before the 9 month time frame has expired or if the letter from the provider is not sufficient the CBO will not issue the refund. This is in effort to not issue a refund and then have to request some or all of the monies back due to additional processed claims.

**Q:** *What are the guidelines for receiving a post billing waiver.*

**A:** The CBO will enter a post billing waiver upon processing a claim that has no other errors, if the insurance EOB clearly indicates that the service is not covered or the maximum benefit allowed has been met. The notification and details of the post billing waiver is given to the provider on their Provider Claim Summary.

**Note:** If the provider has not received notification of a post billing waiver per the Provider Claim Summary do not assume one exists. There is a good chance that one is not listed in the CBO billing system.

**Q:** *When is a 45-day exception issued?*

**A:** This type of exception is issued by the CBO when the Service Coordinators provides the appropriate forms and documentation for a 45-day exception request to the CBO. If the required forms are not received the exception will not be entered. The purpose of the 45-day exception is to allow time for the providers to obtain benefit coverage for the new insurance and the Service Coordinator to apply for any other waivers that may be applicable. Although a 45-day exception may be listed in the CBO billing system, it is expected for the provider to begin billing the insurance company once they have obtained information that their service is covered. Once the insurance has responded to the provider with an acceptable EOB, the claim and insurance EOB should be submitted within timely filing to the CBO.

To verify if a 45-day exception exists in the system please contact the Call Center at **1-800-634-8540**.